REQUEST FOR PROPOSAL

Web-Confidential Morbidity Report (CMR)

RFP #: 07-65623

State of California
Department of Health Services
Division of Communicable Disease Control (DCDC)
1616 Capitol Ave. MS 7300
Sacramento, CA 95814

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SECTION 1: INTRODUCTION AND OVERVIEW

1.1 Purpose of this Request for Proposals (RFP)

The State of California, Department of Health Services, Division of Communicable Disease Control (DCDC) is seeking a Commercial Off-the Shelf (COTS) web-based application that will support state-wide public health disease reporting, surveillance, and case management activities. The purpose of this procurement is to obtain proposals from responsible firms that can provide California with a web-based electronic disease surveillance and case management system that will be used by health care providers to report cases of public health interest to public health officials; and by Local Health Departments (LHDs) and DCDC for disease surveillance and case management activities.

Currently, multiple electronic and paper-based systems are used within the State of California to report, manage and control communicable disease. Health care providers report cases or suspected cases of notifiable diseases to public health officials by paper, telephone, or facsimile. LHDs collect data on investigation, follow-up, and surveillance activities, and use a combination of paper-based files and information systems to store disease report data. LHDs then submit confirmed disease reports to DCDC by paper, facsimile, or electronic methods.

This system will provide a portal for health care providers to report notifiable diseases and patient information directly to Local Health Departments (LHDs) via a single secure web-interface. When deployed, Web-CMR will be integrated with ELR (please refer to companion RFP 07-65624) to make electronically submitted laboratory reports from participating laboratories available to LHDs, and will provide full surveillance and case management functionality to LHDs. All reported information will be immediately available to the LHDs to assist in any investigation and DCDC will be able to access, view, and evaluate all reports for the purposes of early detection and response.

Responses to this RFP will be evaluated based on the best value to the State. Best value to the State is the proposal that best meets, and potentially exceeds, the State's Administrative, Technical, and Business Requirements at the most reasonable overall cost to implement and operate. The award**,** if made, will be to a single bidder awarded the highest points as calculated in accordance with the methodology defined in ***Section 9*: Evaluation and Selection** of this RFP, upon successful demonstration of the proposed solution. Bidders should carefully read ***Section 9*: Evaluation and Selection**, to ensure they understand the evaluation process.

1.2 Scope of the RFP and Bidder Admonishment

This RFP contains the instructions governing the requirements for proposal submission, including a firm cost quotation, by interested Bidders. The format that proposal information is to be submitted in and the material to be included therein, follows. This RFP addresses the requirements that Bidders must meet to be eligible for consideration, and addresses Bidders' responsibilities before and after installation and configuration of the solution. This procurement is exempt from the provisions of Part 2 of Division 2 of the Public Contract Code. (See Health and Safety Code section 101319.) Requirements, processes, and procedures set forth in this RFP do not constitute incorporation or affirmation of either the provisions of Part 2 of Division 2 of the Public Contract Code or any implementing regulation. Likewise, use of certain provisions and terminology in this RFP is for administrative convenience only and does not, by that use, constitute adoption or incorporation of any provisions of Part 2 of Division 2 of the Public Contract Code or any implementing regulation. All processes and procedures set forth in this RFP constitute the sole administrative processes and procedures available for Bidders. No further administrative remedies (e.g., protests, appeals, or requests for reconsideration) will be available for Bidders following issuance of the Notice of Intent to Award the contract resulting from this procurement. Selection of the Vendor shall constitute the final administrative determination.

Bidders are expected to take the responsibility to:

- Carefully read the entire RFP;
- Ask appropriate questions in a timely manner, if clarification is necessary;
- Submit all required responses, complete to the best of the Bidder's ability by the required dates and times;
- Ensure that all procedures and requirements of the RFP are accurately followed and appropriately addressed; and
- Carefully reread the entire RFP before submitting a bid.

1.3 Availability

The selected Vendor must meet the Mandatory requirements of this RFP, as described in Section 5 and Section 6.2 of this RFP, and be ready to begin work on the anticipated Contract Award date specified in 1.5 Key Action Dates.

1.4 Procurement Official

The Procurement Official and the mailing address to send proposals and questions are:

Kenny Moore

Information Technology Services

1615 Capitol Avenue

PO Box 997413

MS 6201

Sacramento, CA 95899-7413

Kenny.Moore@cdph.ca.gov

1.5 Key Action Dates

Listed below are the key actions and dates by which the actions must be taken or completed for this RFP. If DCDC finds it necessary to change any of these dates, it will be accomplished via an addendum to this RFP. ***All dates after the proposal submission deadline are approximate and may be adjusted as conditions indicate, without addendum to this RFP.***

#	Action	Date/Time
1	Release RFP	**6/15/2007**
2	Submit Letter(s) of Intent to Bid, signed confidentiality statement, and financial responsibility information	**6/25/2007**
3	Last day to submit questions for clarification of the RFP	**6/29/2007**
4	Release Question and Answer set	**7/13/2007**
5	Draft Proposals due	**8/10/2007**
6	Evaluation of Draft Proposals	**8/13/2007 – 8/24/2007**
7	Provide feedback to each Bidder regarding Draft Proposal	**8/24/2007**
8	Last day to submit follow-up questions	**9/4/2007**
9	Final Proposals due	**9/7/2007**
10	Evaluation of Final Proposals	**9/10/2007 – 9/21/2007**
11	Selection of Vendor	**9/24/2007 – 9/28/2007**
12	Conduct Proof of Concept (POC) Demonstration	**10/1/2007 – 10/5/2007**
13	Submit intent to award contract	**10/9/2007**
14	Contract negotiations	**10/9/2007 – 11/2/2007**
15	Special Project Report (SPR) preparation and approval	**11/5/2007 – 2/292008**
14	Anticipated contract award date[1]	**3/3/2008**

[1] Contract execution is contingent upon Department of Finance SPR approval.

1.6 Intention to Bid

Bidders that want to participate in this procurement must submit a notification of intention to bid on this procurement in order to receive additional correspondence. ***To participate in this procurement, Bidders must also participate in the procurement for the companion ELR RFP (07-65624).*** Only those Bidders acknowledging interest in participating in both RFPs will receive additional correspondence regarding this procurement. The letter shall identify a single contact person for the solicitation process, and must include a phone number, fax number, and email address. There is to be only one (1) contact person during the solicitation process. Information related to a Bidder will only be given to the designated contact person. It shall be the Bidder's responsibility to immediately notify the State's Procurement Official, in writing, regarding any revision to the information pertaining to the designated contact person. The State shall not be responsible for proposal correspondence not received by the Bidder, if the Bidder fails to notify the State, in writing, about any change pertaining to the designated contact person.

Bidders who wish to participate are required to return the Letter of Intent to Bid (**Exhibit 1-A**) for this RFP *and the Letter of Intent to Bid from the companion ELR RFP (07-65624)* to the Procurement Official listed in Section 1.4 Procurement Official. These letters must be submitted by the date specified in Section 1.5 Key Action Dates for the Bidder to receive additional correspondence regarding this procurement.

1.7 Financial Responsibility Information

Bidders responding to this RFP must demonstrate financial stability and capability to fulfill the obligations of this RFP. In addition to submitting the Statement of Experience and Financial Condition (**Exhibit 1-B**), financial statements for the last five (5) fiscal years along with additional supporting documentation are required to be submitted with the Letter of Intent to Bid. Acceptable types of financial statements include, but are not limited to:

- Financial Statement or Annual Report or 10K
- Statement of income and related earnings
- Statement of Changes in financial position
- Letter from the Bidder's banking institution
- Statement from certified public accounting firm

The State may obtain independent credit statements for Bidders submitting a proposal. If the information submitted by the Bidder, or available from other sources, is insufficient to satisfy the State as to the Bidder's contractual responsibility, the State may request additional information from other sources or may reject the proposal. The State's determination of the Bidder's financial responsibility, for the purposes of this RFP shall be final.

Note: If any of the submitted information is identified by the Bidder as confidential, it shall be treated as such by the State and returned upon request after the Bidder's financial responsibility has been determined.

1.8 Confidentiality

To preserve the integrity of the security and confidentiality measures integrated into the State's automated information systems, each Bidder is required to sign the Confidentiality Statement attached as **Exhibit 1-C** and submit it with the Letter of Intent to Bid by the date specified in Section 1.5 Key Action Dates. Bidders responding to the RFP must keep information made available by the State for the

purpose of responding to this RFP confidential. Documents, diagrams, information, and information storage media provided by the State shall not be disclosed, and shall only be accessible by authorized Bidder's employees.

1.9 Appendices to this RFP

Several appendices to this RFP have been provided for Bidders to gain additional information and clarification regarding the Technical and Business Requirements of this RFP. They include:

- Appendix A: **Web-CMR Requirements**. This document is a complete set of Technical and Business Requirements contained within this RFP, and includes supplementary explanations of the State's requirements. This document also contains a Glossary of Terms used within the Requirements.

- Appendix B: **Business Requirements Workflows**. This document describes the workflows that the business requirements contained within this RFP support.

- Appendix C: **Forms, Data Dictionaries, and Reports**. This Appendix is broken down into several sub-Appendices, that contain the branch-specific case investigation forms, data dictionaries, and reports required as part of this RFP.

    - Appendix C CMR: CMR Form and CMR Export Variable List (all Branches)
    - Appendix C 1: Immunization Branch (IZB) Forms, Data Dictionaries, and Reports
    - Appendix C 2: Sexually Transmitted Diseases (STD) Control Branch Forms, Data Dictionaries, and Reports
    - Appendix C 3: Infectious Diseases Branch (IDB) Forms, Data Dictionaries, and Reports
    - Appendix C 4: Tuberculosis (TB) Control Branch Forms, Data Dictionaries, and Reports

An additional appendix contains a model contract for Bidders to review.

- Appendix D: **Model Contract**. This document contains a model contract to provide Bidders an example of the State's contracting language.

1.10 Notice Regarding Departmental Reorganization

- The parties to this agreement acknowledge that the California Public Health Act of 2006 (Act; Senate Bill 162, Chapter 241, Statutes 2006), effective July 1, 2007, establishes the California Department of Public Health (CDPH) and renames the California Department of Health Services (CDHS) as the California Department of Health Care Services (DHCS).

- Agreements approved before July 1, 2007 shall continue in full force and effect, with the renamed DHCS and the newly formed CDPH assuming all of the rights, obligations, liabilities, and duties of the former CDHS and any of its predecessors as relates to the duties, powers, purposes, responsibilities, and jurisdiction vested by the Act in each of the resulting departments.

- Agreements approved on or after July 1, 2007 that refer to CDHS shall be interpreted to refer to the renamed DHCS or the newly formed CDPH, as appropriate under the terms of the agreement. DHCS or CDPH, as appropriate under the terms of the agreement, shall assume all of the rights, obligations, liabilities, and duties of the former CDHS and any of its predecessors as relates to the duties, powers, purposes, responsibilities, and jurisdiction vested by the Act in each of the resulting departments. The assumption by each department shall not in any way affect the rights of the parties to the agreement.

- As a result of the departmental reorganization discussed above, various CDHS programs may experience a physical relocation, change in personnel, change in procedures, or other effect. If

this agreement is impacted by SB 162, CDHS reserves the right, without initiation of a formal amendment, to issue one or more written notices to the Contractor supplying alternate information and/or instructions regarding invoicing, document addressing, personnel changes, and/or other procedural changes.

Exhibit 1-A: *Letter of Intent to Bid* for RFP # 07-65623

Direct the Letter of Intent to Bid to the individual shown below:

Kenny Moore
Information Technology Services
1615 Capitol Avenue, MS 6201
PO Box 997413
Sacramento, CA 95899-7413

Telephone: (916) 440-7181
Fax: (916) 319-9333
E-mail: Kenny.Moore@cdph.ca.gov

Bidder shall specify by checking one of the following regarding their present intent in response to the above referenced RFP.

☐ Submit a proposal and has no problem with the RFP requirements

☐ Submit a proposal, but has one or more problems with the RFP requirements for the reasons stated in this response (specify below)

☐ Does not intend to submit a proposal, for reasons stated in this response, and has no problem with the RFP requirements

☐ Does not intend to submit a proposal because of one or more problems with the RFP requirements for reasons stated in this response (specify below)

The individual to whom all information regarding this RFP should be transmitted is:

Company Name: _____

Contact Person: _____

Address: _____

City, State, & Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

We are enclosing, as requested, the following completed documents:

- Statement of Experience and Financial Condition (Exhibit 1-B)
- Financial Statements for the last five (5) fiscal years ended
- Signed Confidentiality Statement (Exhibit 1-C)

Sincerely,

_____ Date: _____

Print Name and Title: _____

If not submitting a proposal and/or bidder has one or more problems with the RFP requirements, please state below:

Exhibit 1-B: *Statement of Experience and Financial Condition*

Submitted By: _____

Name of Firm: _____

Address: _____

Dates of Financial Statements: _____

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the State to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to provide financial information to determine financial qualification. State policy and state and federal statutes authorize maintenance of this information.

Furnishing all information on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out.

The official responsible for maintaining the information contained in this form is:

Terry McIntire-Hicks
Division of Communicable Disease Control
1616 Capitol Avenue, Suite 74.318, MS 7300
Sacramento, CA 95814

The State will treat all financial information provided as confidential when designated as such. This information will only be shared with State personnel involved in the evaluation. All financial data will be returned or destroyed if requested. Vendors may be required to provide additional financial data as part of the RFP.

"We have **(prepared/examined/reviewed)** the balance sheet of **(Bidder**) as of **(date)** and the related statements of income, retained earnings and changes in financial position for the last five (5) fiscals years ended.

In **(my/our)** opinion, the financial statements mentioned present fairly the financial position of **(Bidder)** as of **(date)** and the results of its operations and changes in its financial position for the last five (5) fiscal years ended, in conformity with generally accepted accounting principles applied on a consistent basis."

Company Name	Signature
Company Address	Date

Exhibit 1-C: *Confidentiality Statement*

As an authorized representative and/or corporate officer of the company named below, I warrant my company and its employees will not disclose any documents, diagrams, information and information storage media made available to us by the State for the purpose of responding to ***RFP 07-65623*** or in conjunction with any contract arising there from. I warrant that only those employees who are authorized and required to use such materials will have access to them.

I further warrant that all materials provided by the State will be returned promptly after use and that all copies or derivations of the materials will be physically and/or electronically destroyed. I will include with the returned materials, a letter attesting to the complete return of materials, and documenting the destruction of copies and derivations. Failure to so comply will subject this company to liability, both criminal and civil, including all damages to the State and third parties. I authorize the State to inspect and verify the above.

I warrant that if my company is awarded the contract, it will not enter into any agreements or discussions with a third party concerning such materials prior to receiving written confirmation from the State that such third party has an agreement with the State similar in nature to this one.

_____ _____

Name of Representative (Signature) Date

_____

Printed or Typed Name of Representative

_____

Printed or Typed Name of Company

SECTION 2: RULES GOVERNING COMPETITION

2.1 Identification and Classification of RFP Requirements

2.1.1 Mandatory Requirements

The State has established certain Mandatory Requirement that Bidders **must** comply with to be considered responsive to this RFP. Non-compliance with a Mandatory Requirement is cause for rejection of the proposal. These Mandatory Requirements are clearly marked as such throughout this document. There are Mandatory Administrative, Technical, and Business Requirements contained within this RFP.

2.1.2 Desirable Requirements

The State has established certain Desirable Requirements, indicating desirable attributes or features of the proposed solution. Non-compliance with a Desirable Requirement is not cause for rejection of the proposal. These Desirable Requirements are clearly marked as such throughout this document. There are Desirable Technical and Business Requirements contained within this RFP.

2.1.3 Optional Requirements

The State has established certain Optional Requirements, indicating optional attributes or features of the proposed solution. Non-compliance with an Optional Requirement is not cause for rejection of the proposal. These Optional Requirements are clearly marked as such throughout this document. There are Optional Technical and Business Requirements contained within this RFP.

2.2 Bidding Requirements and Conditions

2.2.1 General

A Bidder's Final Bid is an irrevocable offer for three hundred sixty five (365) days following the scheduled date for contract award specified in Section 1.5 Key Action Dates. A Bidder may extend the offer in the event of a delay of contract award.

2.2.2 RFP Documents

This RFP includes, in addition to an explanation of the State's needs which must be met, instructions which prescribe the format and content of proposals to be submitted.

If a Vendor discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Vendor shall immediately notify the State of such error in writing and request clarification or modification of the document. Modifications will be made by addenda.

Modifications will be made by addenda as described below in **2.2.7 Addenda**. Such clarifications shall be given by written notice without divulging the source of the request for clarification.

If the RFP contains an error known to the Vendor, or an error that reasonably should have been known, the Vendor shall bid at its own risk. If the Vendor fails to notify the State of the error prior to the date fixed for submission of bids, and is awarded the contract, the Vendor shall not be entitled to additional compensation or time by reason of the error or its later correction.

2.2.3 Examination of the Work

Each Vendor should carefully examine the entire RFP, any addenda thereto, all related materials and data referenced in the RFP or otherwise available to the Vendor; and should become fully aware of

the nature and location of the work, the quantities of the work, and the conditions to be encountered in performing the work.

2.2.4 Vendor's Intention to Submit a Proposal

Vendors who have been furnished a copy of the RFP for bidding purposes are asked to state their intention by the date specified in Section 1.5 Key Action Dates. Vendors are asked to categorize their intent as follows:

- Intends to submit a proposal and has no problem with the RFP requirements
- Intends to submit a proposal and has one or more problems with the RFP requirements
- Does not intend to submit a proposal and has no problem with the RFP requirements
- Does not intend to submit a bid because of one or more problems with the RFP requirements

Hereafter, for the purposes of the instructions of this RFP, all Vendors who have indicated their intent to submit a Final Proposal are called Bidders until such time that the Bidder withdraws or other facts indicate that the Bidder has become nonparticipating.

2.2.5 Questions Regarding the RFP

Bidders requiring clarification of the intent or content of this RFP or on procedural matters regarding the bid process may request clarification by submitting questions in writing to the Procurement Official listed in Section 1. To ensure a response, questions must be received in writing by the scheduled date given in Section 1.5 Key Action Dates. Question and answer sets will be provided to all Bidders. The State will publish questions as they are submitted, including any background information provided with the question; however, the State at its sole discretion may paraphrase the question and background content for clarity. Follow-up questions may be submitted to the Procurement Official listed in Section 1 until three (3) days prior to the Final Proposal due date, listed in Section 1.5 Key Action Dates.

2.2.6 Addenda

The State may modify the RFP prior to the date fixed for submission of Final Bids by issuance of an addendum to all parties who are participating in the bidding process at the time the addendum is issued, unless the amendments are such as to offer the opportunity for nonparticipating Bidders to become participating, in which case the addendum will be sent to all Bidders that have identified their intent to be a Bidder. Addenda will be numbered consecutively.

2.2.7 Bonds

The State reserves the right to require a performance bond in an amount not to exceed the amount of the contract. The performance bond required for this procurement is specified in ***Section 5*: Administrative Requirements**.

2.2.8 Exclusion for Conflict of Interest

No consultant shall be paid out of State funds for developing recommendations on the acquisition of information technology (IT) products or services or assisting in the preparation of a feasibility study, if that consultant is to be a source of such acquisition or could otherwise directly and/or materially benefit from State adoption of such recommendations or the course of action recommended in the feasibility study. Further, no consultant shall be paid out of State funds for developing recommendations on the disposal of State surplus IT products, if that consultant would directly and/or materially benefit from State adoption of such recommendations.

2.2.9 Follow-On Contracts

No person, firm, or subsidiary thereof who has been awarded a consulting services contract, or a contract which includes a consulting component, may be awarded a contract for the provision of services, delivery of goods or supplies, or any other related action which is required, suggested, or otherwise deemed appropriate as an end product of the consulting services contract. Therefore, any consultant who contracts with a State agency to develop formal recommendations for the acquisition of IT products or services is precluded from contracting for any work recommended in the formal recommendations. (Formal recommendations include, among other things, feasibility studies.)

2.2.10 Disclosure of Financial Interests

Proposals in response to State procurements for assistance in preparation of feasibility studies or the development of recommendations for the acquisition of EDP products and services must disclose any financial interests (i.e., service contract, OEM agreements, remarketing agreements, etc.) that may forseeably allow the individual or organization submitting the proposal to materially benefit from the State's adoption of a course of action recommended in the feasibility study or the acquisition recommendations. If, in the State's judgment, the financial interest will jeopardize the objectivity of the recommendations, the State may reject the proposal. In addition, should a consultant establish or become aware of such a financial interest during the course of contract performance, the consultant must inform the State in writing within 10 working days. If, in the State's judgment, the newly-established financial interest will jeopardize the objectivity of the recommendations, the State shall have the option of terminating the contract.

Failure to disclose a relevant financial interest on the part of a consultant will be deemed grounds for termination of the contract with all associated costs to be borne by the consultant and, in addition, the consultant may be excluded from participating in the State's bid processes for a period of up to 360 calendar days in accordance with Public Contract Code Section 12102 (j).

2.3 Bidding Steps

2.3.1 Draft Proposal

Bidders must submit a Draft Proposal by the Date specified in Section 1.5: Key Action Dates. The purpose of the Draft Proposal is to provide the State with a near-final proposal, which will be evaluated to identify (1) administrative deficiencies which if included in the Final Proposal could cause the proposal to be rejected; and (2) ambiguities in responses to requirements that require additional clarification in the Final Proposal by the Bidder. The Draft Proposal must be complete in all respects except that dollar cost information must be replaced by XXXs. The Evaluation Team will evaluate each Draft Proposal and will notify the Bidder regarding any identified deficiencies and areas requiring clarification in the Final Proposal. The notification is intended to minimize the risk that the Final Proposal will be non-compliant; however, the State will not provide any warranty that all deficiencies in the Draft Proposal have been detected and that such notification will not preclude rejection of the Final Proposal if such defects are later found.

2.3.2 Final Proposal

The Final Proposal must be complete, including all cost information, required signatures, required forms, and a detailed strategy for the Proof on Concept demonstration as outlined in ***Section 8:*** **Proposal Format**.

2.3.3 Confidentiality

Final bids are public upon opening. However, the contents of all proposals, correspondence, agenda, memoranda, working papers, or any other medium which discloses any aspect of a Bidder's proposal shall be held in the strictest confidence until notice of intent to award. Bidders should be aware that marking a document "Confidential" or "Proprietary" in a Final Bid will not keep that document from

being released after notice of intent to award as part of the public record, unless a court has ordered the State not to release the document. The content of all working papers and discussions relating to the Bidder's proposal shall be held confidential indefinitely unless the public interest is best served by an item's disclosure. Any disclosure of the confidential information by the Bidder is a basis for rejecting the Bidder's proposal, and ruling the Bidder ineligible to further participate. Any disclosure of confidential information by a State employee is a basis for disciplinary action, including dismissal from State employment, as provided by Government Code Section 19570 Et Seq. Total confidentiality is paramount; it cannot be over emphasized.

2.3.4 Submission of Proposals

The instructions contained herein apply to the Draft Proposal and the Final Proposal.

2.3.4.1 Preparation

Proposals are to be prepared in such a way as to provide a straightforward, concise delineation of capabilities to satisfy the requirements of this RFP. Expensive bindings, colored displays, promotional materials, are not necessary or desired. The emphasis should be concentrated on conformance to the RFP instructions, and clear, complete responsiveness to the RFP requirements. Before submitting each document, the Bidder should carefully proof it for errors and adherence to the RFP requirements.

2.3.4.2 Bidder's Cost

Costs for developing proposals are the responsibility entirely of the Bidder and shall not be chargeable to the State.

2.3.4.3 Completion of Proposals

Proposals must be complete in all respects as required by ***Section 8:*** **Proposal and Bid Format**. A Final Proposal may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. A Final Proposal must be rejected if any such defect or irregularity constitutes a material deviation from the RFP requirements.

2.3.4.4 False or Misleading Statements

Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the Bidder, may be rejected. If, in the opinion of the State, such information was intended to mislead the State in its evaluation of the proposal, and the attribute, condition, or capability is a requirement of this RFP, it will be the basis for rejection of the proposal.

2.3.4.5 Signature of Proposal

A cover letter shall be signed by an individual who is authorized to bind the bidding firm contractually. The signature must indicate the title or position that the individual holds in the firm. An unsigned Final Proposal shall be rejected.

2.3.4.6 Delivery of Proposals

Mail or deliver proposals to the Procurement Official listed in Section 1.4: Procurement Official. If mailed, use certified or registered mail with return receipt requested. Proposals must be received in the number of copies stated in ***Section 8:*** **Proposal Format** and not later than the dates and times specified in Section 1.5 Key Action Dates. One copy must be clearly marked "Master Copy." All copies of proposals must be under sealed cover which is to be plainly marked with RFP 07-65623. Proposals submitted under improperly marked covers may be rejected. If discrepancies are found between two or more copies of the proposal, the proposal may be rejected. However, if not so rejected, the Master Copy will provide the basis for resolving such discrepancies. If one copy of the Final Proposal is not clearly marked "Master Copy," the State

may reject the proposal; however, the State may at its sole option select, immediately after proposal opening, one copy to be used as the Master Copy.

2.3.4.7 Withdrawal and Resubmission/Modification of Proposals

A Bidder may withdraw its Final Proposal at any time prior to the proposal submission time specified in Section 1.5 Key Action Dates by submitting a written notification of withdrawal signed by the Bidder authorized in accordance with **2.3.4.5 Signature of Proposal.** The Bidder may submit a new or modified proposal prior to the proposal submission time. Modification offered in any other manner, oral or written, will not be considered.

2.3.5 Rejection of Proposals

The State may reject any or all proposals and may waive any immaterial deviation or defect in a proposal. The State's waiver of any immaterial deviation or defect shall in no way modify the RFP documents or excuse the Bidder from full compliance with the RFP specifications if awarded the contract.

2.3.6 Evaluation and Selection Process

2.3.6.1 General

Proposals will be evaluated according to the procedures contained in ***Section 9*: Evaluation and Selection**.

2.3.6.2 Evaluation Questions/Site Visits

During the evaluation and selection process, the State may desire the presence of a Bidder's representative for answering specific questions, orally and/or in writing. Additionally, Bidders may be required to participate in interviews, site-visits and/or product demonstrations to support and clarify their proposals. The State will make a reasonable attempt to schedule each presentation at a time and location that is agreeable to the Bidder. Failure of a Bidder to interview or permit a site visit on the date scheduled may result in rejection of the Bidder's proposal.

2.3.6.3 Proof of Concept (POC) Demonstration

Bidders may be required to demonstrate to the Evaluation Team the proposed solution functionality at a Proof of Concept (POC) demonstration. This demonstration will occur prior to final selection to verify the claims made in the apparent selected Bidder's (the Bidder with the highest Combined Proposal Score, calculated as described in ***Section 9*: Evaluation and Selection**) responses to requirements, corroborate the evaluation of the Bidder's proposal, and to confirm that the Bidder's solution is operational. The apparent selected Bidder will be required to demonstrate their proposed solution to the Evaluation Team, prior to final selection and contract award. The Bidder conducting the POC Demonstration must be prepared to demonstrate how the requirements specified in this RFP are met using a production-like system (as described in ***Section 10:* Proof of Concept (POC) Demonstration**), and to field questions from the Evaluation Team. Members of the Evaluation Team will sign confidentiality agreements, as necessary. The Bidder must make all arrangements for demonstration facilities at no cost to the State. The location of the POC Demonstration will be in Sacramento, California. The State reserves the right to determine whether or not a demonstration has been successfully passed.

2.3.6.4 Errors in the Final Proposal

An error in the Final Proposal may cause the rejection of that bid; however, the State may at its sole option retain the proposal and make certain corrections.

In determining if a correction will be made, the State will consider the conformance of the proposal to the format and content required by the RFP, and any unusual complexity of the format and content required by the RFP.

(1) If the Bidder's intent is clearly established based on review of the complete Final Proposal submittal, the State may at its sole option correct an error based on that established intent.

(2) The State may at its sole option correct obvious clerical errors.

(3) The State may at its sole option correct discrepancy and arithmetic errors on the basis that if intent is not clearly established by the complete proposal the Master Copy shall have priority over additional copies. The total price of unit-price items will be the product of the unit price and the quantity of the item. If the unit price is ambiguous, unintelligible, uncertain for any cause, or is omitted, it shall be the amount obtained by dividing the total price by the quantity of the item.

(4) The State may at its sole option correct errors of omission, and in the following four situations, the State will take the indicated actions if the Bidder's intent is not clearly established by the complete bid submittal.

   (a) If an item is described in the narrative and omitted from the cost data provided in the proposal for evaluation purposes, it will be interpreted to mean that the item will be provided by the Bidder at no cost.

   (b) If a minor item is not mentioned at all in the Final Proposal and is essential to satisfactory performance, the proposal will be interpreted to mean that the item will be provided at no cost.

   (c) If a major item is not mentioned at all in the Final Proposal, the proposal will be interpreted to mean that the Bidder does not intend to supply that item.

   (d) If a major item is omitted, and the omission is not discovered until after contract award, the Bidder shall be required to supply that item at no cost.

(5) If a Bidder does not follow the instructions for computing costs the State may reject the proposal or at its sole option, re-compute costs based on the instructions contained in this RFP.

2.3.6.5 Award of Contract

Award of contract, if made, will be in accordance with ***Section 9*****: Evaluation and Selection** to a responsible Bidder whose Final Proposal complies with all of the requirements of the RFP documents and any addenda thereto, except for such immaterial defects as may be waived by the State, upon a successful Proof of Concept (POC) Demonstration (see ***Section 10*****: Proof of Concept (POC) Demonstration**). Award, if made, will be made within three hundred sixty five (365) days after the scheduled date for Contract Award specified in Section 1.5 Key Action Dates; however, a Bidder may extend the offer beyond three hundred sixty five (365) days in the event of a delay of contract award.

The State reserves the right to determine the successful Bidder either on the basis of individual items or on the basis of all items included in its RFP, unless otherwise expressly provided in the State's RFP. The State reserves the right to modify or cancel in whole or in part its RFP.

Unless the Bidder specifies otherwise in its proposal, the State may accept any item or group of items of any proposal.

Written notification of the State's intent to award will be made to all Bidders.

2.3.7 News Releases

Any publications or news releases relating to a contract resulting from this RFP shall not be made without **prior written approval** of the Procurement Official listed in Section 1.

2.3.8 Disposition of Proposals and Bids

All materials submitted in response to this RFP will become the property of the State of California and will be returned only at the State's option and at the Bidder's expense. The Master Copy shall be retained for official files and will become a public record after the date and time for Final Bid submission as specified in Section 1.5 Key Action Dates. However, confidential financial information submitted in support of the requirement to show Bidder responsibility will be returned upon request.

SECTION 3: EXISTING SYSTEM

3.1 Introduction

Public health is supported by an array of local, State, and Federal organizations. These partner organizations are further divided into functional units that support clinical, health department, laboratory, disease program, and other operational divisions.[1] California's public health system includes a network of people, information systems, organizations, and public health processes focused on the health of the State's population. The California Department of Health Services (CDHS) administers the public health system in California at the State-level. Sixty-one local health departments (LHD) – comprising the 58 counties and the cities of Berkeley, Long Beach, and Pasadena – manage the public health system at the local level.

The CDHS, through the Division of Communicable Disease Control (DCDC), is responsible for investigating and controlling communicable diseases and conditions in the State, working in partnership with local, national, and international health officials, health care providers, and the public to monitor health trends. Through this monitoring process, the State is able to identify and investigate existing and potential health problems, develop and implement prevention strategies, conduct research, provide education and training, and formulate and advise on public health policy.

At the state level, the DCDC's Surveillance and Statistics Section (SSS) staff processes and analyzes in excess of 240,000 disease reports for notifiable conditions[2] each year. The DCDC expects the number of reports to increase by at least 20 percent in the next five years. The monitoring of disease reporting by health care providers and laboratories is crucial for disease surveillance and detection of outbreaks, in order to determine an appropriate public health response.

Surveillance is the foundation of CDHS's prevention and control programs and is essential to program planning, implementation, and evaluation. Public health surveillance includes the ongoing and systematic collection, analysis, interpretation, and dissemination of data regarding health-related events for use in public health action to reduce morbidity and mortality[3], and to improve health.[4]

At the local level, the LHDs have operational responsibility for front-line public health activities in the State. The LHDs have direct contact with health care providers (physicians, hospitals, and laboratories) that have identified or suspect a disease that meets criteria for public health concern. The LHDs are responsible for the investigation and control of the disease, condition, or outbreak reported. The LHDs maintain information about cases and outbreaks; local epidemiologists utilize the information to support and direct local public health activities. LHDs periodically report this information to the State. At the State level, surveillance data are utilized in support of decisions and policy to protect the health of Californians. The State also submits reports to the Centers for Disease Control and Prevention (CDC) for conditions which are nationally notifiable (and also reportable in California) in a standardized format utilizing the CDC's Secure Data Network (SDN).

3.1.1 Business Authority

Currently, disease reporting is mandated by state legislation or regulation at the state level. In California, the California Code of Regulations, Title 17, Section 2500 requires physicians to report incidents of specific diseases or conditions to the LHD in the jurisdiction where the patient

[1] Centers for Disease Control and Prevention. "Notice of Cooperative Agreement Award, Public Health Information Technology Functions and Specifications." February 8, 2002

[2] A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of disease.

[3] Morbidity is defined as a disease or the incidence of disease within a population. Mortality is defined as the incidence of death from a disease.

[4] Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems: recommendations from the guidelines working group. MMWR 2001;50(No. RR-13).

resides. Section 2505 of Title 17 lists a subset of diseases that must be reported by laboratories to the LHD of the referring physician. The Confidential Morbidity Report (CMR) is the primary form by which health care providers report morbidity to the LHD pursuant to Title 17 Section 2500. Section 2502 of Title 17 specifies that the Local Health Officer is responsible for taking whatever steps deemed necessary for the investigation and control of the disease, condition or outbreak reported. If a disease is one in which the local health officer determines identification of the source of infection is important, and the source if infection is believed to be outside the local jurisdiction, the health officer must notify the CDHS Director or the health officer under whose jurisdiction the infection was probably contracted, if known. Section 2502 of Title 17 requires the local health officer to report at least weekly to the CDHS Director the number of cases or outbreaks reported pursuant to Section 2500; additionally, this section indicates that some conditions require forwarding the information from the CMR form, or a more extensive case report to the Director.

3.1.2 Business Programs

The DCDC is organized into branches, programs, and offices that provide the business and technical resources in areas of disease surveillance and control, and the overall mission and vision of the CDHS and DCDC. These organizations are described in Figure 3.1.

Figure 3.1 *DCDC: Branch Descriptions*

No.	Program Name	Purpose
1.	Sexually Transmitted Disease (STD) Control Branch	The STD Control Branch provides statewide leadership, guidance, training and technical assistance for the prevention and control of STDs, and reduction of their complications and adverse outcomes. The Branch provides STD surveillance, investigation, prevention, and control activities throughout California.
2.	Tuberculosis (TB) Control Branch	The TB Control Branch provides leadership at the local and State levels to control TB in California's diverse communities and institutions. The Branch collects, analyzes, and disseminates information on TB in California so that control strategies can be planned, implemented, and evaluated on an ongoing basis. The Branch also develops plans to distribute fiscal resources in support of TB prevention and control activities; provides technical assistance, training, and advocacy at the Federal, State, and local levels; defines and promotes adherence to minimum standards for TB control; identifies model TB control practices and promotes their replication statewide; fosters collaboration and coordination among public and private organizations concerning TB; and strengthens local TB control programs' capacity to directly provide (or ensure provision of) comprehensive TB services to patients.

No.	Program Name	Purpose
3.	Infectious Diseases Branch (IDB)	The IDB protects and promotes the health of Californians through the surveillance, investigation, prevention, and control of communicable diseases of public health importance. These include all infectious diseases not covered by the specific programs of the TB Control Branch, Immunization Branch, Office of AIDS, and the STD Control Branch. The IDB monitors and addresses disease occurrences which impact all LHDs in California, and may affect public health policy on a national and international level.
4.	Immunization (IZ) Branch	The IZ Branch provides leadership and support to public and private sector efforts to protect California's population against vaccine-preventable diseases. The Branch provides technical guidelines and consultation on immunization practices and standards; assures adequate vaccine distribution to public immunization clinics and healthcare providers; assesses immunization levels of the population; monitors enforcement of school and child care immunization requirements; informs and educates the general public and health care providers about immunizations; and provides direction for vaccine-preventable disease surveillance and outbreak control.
5.	Infant Botulism Treatment and Prevention Program (IBTPP)	The IBTPP provides and improves the treatment of infant botulism, and where possible prevents infant botulism and related diseases. The IBTPP is statutorily established as a fee-supported, Special Fund activity required to produce and distribute Botulism Immune Globulin statewide and nationwide; provide diagnostic and consultative medical services for infant botulism; investigate all cases of infant botulism in California; develop and implement prevention and control measures for infant botulism and related illnesses; and carry out applied research into improving the prevention and treatment of infant botulism.
6.	Microbial Diseases Laboratory (MDL) Branch	The MDL provides reference, diagnostic, and applied research activities needed for method development and related laboratory services essential for the detection, epidemiological investigation, control, and prevention of diseases in humans, food, medical devices, and biologicals caused by bacteria, fungi, and parasites. MDL is the reference microbiology laboratory for all local and county public health laboratories in California. The MDL also acts as the support laboratory for the DCDC to diagnose bacterial, parasitic, and fungal infections.
7.	Viral and Rickettsial Disease Laboratory (VRDL) Branch	The VRDL provides diagnostic, reference laboratory leadership, technical assistance, and training services in the field of viral and Rickettsial diseases. VRDL is the reference laboratory for all local and county public health laboratories, as well as the support laboratory for the DCDC to diagnose viral and Rickettsial diseases.

No.	Program Name	Purpose
8.	Office of Informatics and Surveillance (OIS)	The OIS provides enterprise-wide solutions in support of the various DCDC programs, maintains and coordinates the IT infrastructure specific to DCDC, and facilitates integration of business services with the DHS infrastructure through management and oversight.

3.2 Current Business Processes

3.2.1 Introduction

Providing effective disease surveillance throughout the State requires cooperation between State and local public health stakeholders. While DCDC administers the State's disease surveillance programs, the LHDs manage the day-to-day surveillance, case management, and public health intervention activities. The LHDs use a variety of systems, and technical sophistication, to process information. It is important to have consistent reporting across LHDs. Although laboratories follow a similar process for reporting notifiable diseases, the focus of the descriptions in this section is with physician reporting.

3.2.2 Participants

The participants of the provider-based disease reporting process include:

1. **Public and private health care providers**
   Physicians are the first contact with patients that may need to be treated for diseases that are of a concern to public health. Physicians are responsible for reporting over 80 named conditions, as well as any outbreaks of unusual diseases, within a specified timeframe of identifying the disease. Physicians report these specific conditions to the LHD, based on the residence of the patient, by completing a Confidential Morbidity Report (CMR). The CMR may be submitted to the appropriate LHD by various means including a phone call, facsimile, or mail.

2. **Local Health Departments (LHD)**
   LHDs are responsible for the public health activities related to reported cases that are needed to protect the public health of residents within their jurisdiction. Once the LHD receives a CMR for a suspected or confirmed case, it notifies the appropriate public health staff to manage and track the case. In addition, the LHDs report disease case information to the State. The initial source of information is often the CMR.

3. **California Department of Health Services (CDHS), Division of Communicable Disease Control (DCDC)**
   There are four branches within the DCDC that use the information from CMRs to support their activities. The four branches include:
   - Infectious Diseases Branch (IDB)
   - Sexually Transmitted Disease Control Branch (STD)
   - Tuberculosis Control Branch (TB)
   - Immunization Branch (IZB)

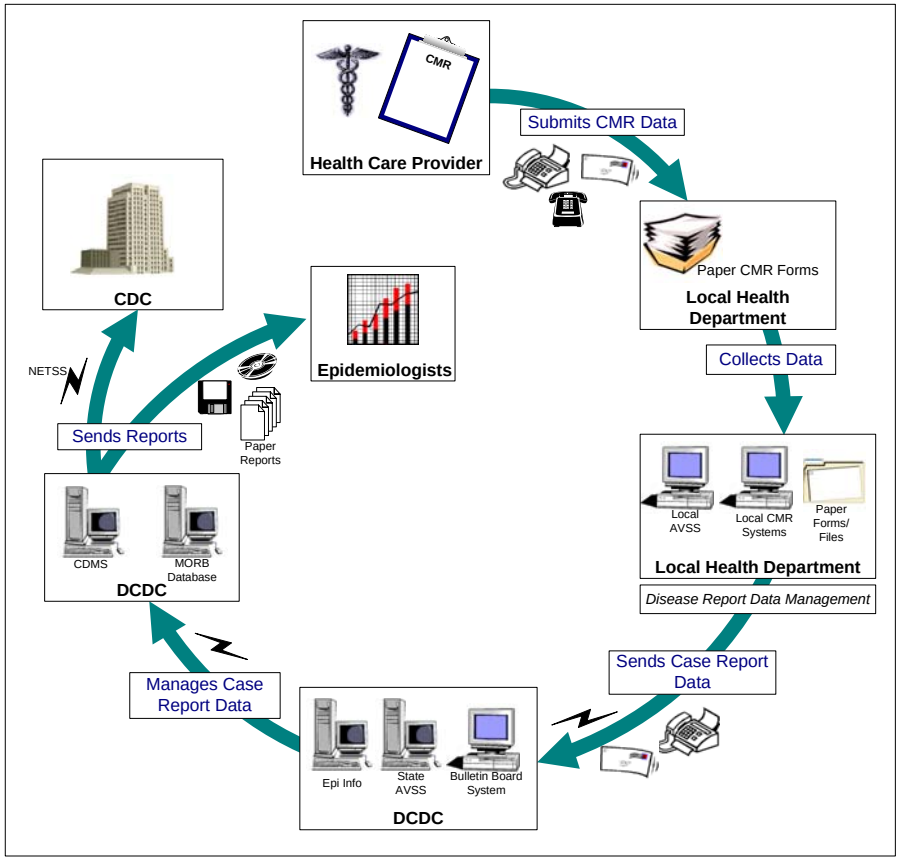
4. **Centers for Disease Control and Prevention (CDC)**
   The CDC is recognized as the lead federal agency for public health in the United States. The CDC provides credible information to enhance health decisions, and promote health through strong partnerships. The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States – at home and abroad. California submits information on reportable diseases to the CDC on a weekly basis.

3.2.3 Business Processes

3.2.3.1 Summary

A summary of the overall reporting and surveillance processes is illustrated in Figure 3.2. A detailed description of the processes follows after the summary illustration.

Figure 3.2: *Current Disease Reporting Process*



To support the process of disease surveillance, the DCDC relies on various computer systems and desktop databases throughout the organization. The processes and supporting systems are briefly illustrated in Figure 3.3 and described in detail below.

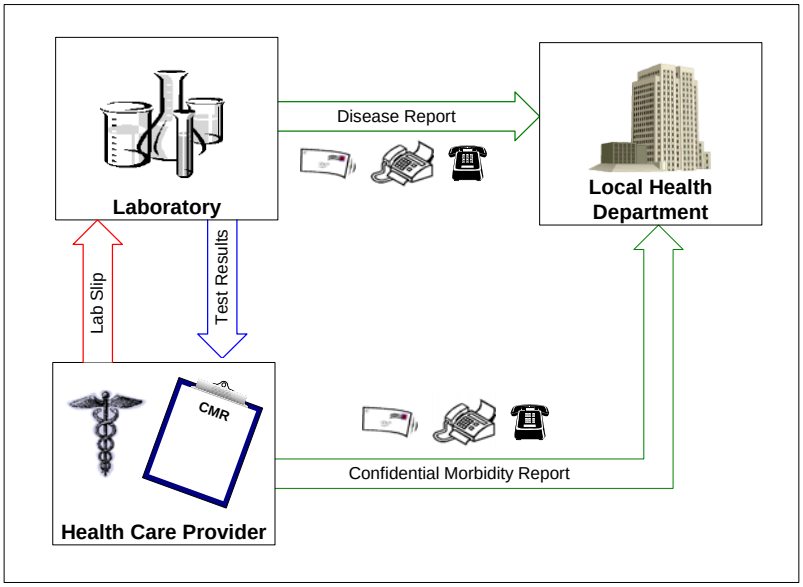
Figure 3.3: *DCDC Processes and Systems*

Process	Information Systems
Submit CMR Data	Manual, paper-based processes
Collect Data	AVSS, STD (regional), local systems, paper-based processes
Send Case Report Data	AVSS, Bulletin Board System, paper-based processes
Manage Case Report Data	AVSS, CDMS, MORB Database
Send Reports to the CDC	National Electronic Telecommunications System for Surveillance (NETSS)

3.2.3.2 Submit CMR Data

California has a dual reporting system for communicable diseases. Health care providers are required to report all reportable diseases and conditions. For a subset of these conditions, laboratories are also required to report a case or suspected case of notifiable diseases to public health officials. Figure 3.4 illustrates California's dual reporting system for communicable diseases. The providers are mandated to report directly to the LHD in the jurisdiction where the patient resides.

Figure 3.4: *Reportable Disease Data Flow*



3.2.3.3 Collect Data

LHDs have the responsibility to oversee communicable disease control within their jurisdiction. Notifiable disease reports (i.e. CMRs) may trigger epidemiological and laboratory investigations in an LHD to identify such things as the source of the disease, or appropriate control and prevention measures. LHDs use the disease report information and subsequent investigations to provide the appropriate public health assistance to individuals and their community. For some diseases there is a critical period of time for the LHD to take action. Thus, it is extremely important for the CMR information to be timely and accurate.

To support the disease reporting process, local health officers investigate and confirm that the submitted CMR report meets the case definitions published by the CDC for disease reporting. The CDC publishes case definitions for many diseases. These provide uniform criteria for health department personnel to use when reporting notifiable diseases.

All records, interviews, written reports, and statements produced during an investigation are kept confidential. The LHDs store the disease report and investigation data in a variety of formats. Most LHDs use a combination of paper-based files and information systems to store disease report data. The LHDs' information systems range from statewide systems, such as Automated Vital Statistics System (AVSS) to locally-developed information systems (e.g. simple Access databases) to more complex case management systems.

Typically, the LHDs use at least two information systems to accomplish their disease reporting and case management responsibilities. One information system is used for case management (capturing confirmation, investigation and treatment data) and a second system (typically AVSS) is used for reporting data to the State. The CMR data is entered by LHD staff into the case management system and then must be re-entered into the reporting system (AVSS).

3.2.3.4 Send Case Report Data

Once a case of a reportable disease is confirmed, the LHDs report the information to DCDC in one of three ways, illustrated below in Figure 3.5:

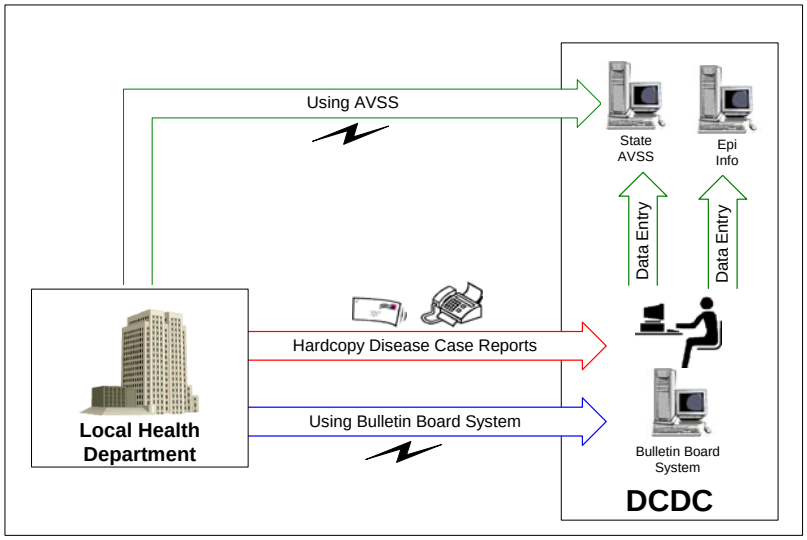
1. Using AVSS. [5] Primarily, LHDs communicate morbidity data to the State using AVSS. Staff at the LHD receive the CMR for reportable diseases from physicians (except for Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) disease reports, which have a unique reporting process) and enter confirmed disease reports into AVSS. On a weekly basis, the State installation of AVSS automatically connects, via modem, to each of the local AVSS installations to retrieve new morbidity data.

2. Hardcopy disease reports by mail or facsimile.[6] Low-incidence or low-population LHDs do not have direct access to AVSS. These LHDs mail or fax the disease case reports to DCDC staff. Staff enters the disease report data into the State instance of AVSS and disease report data is subsequently entered into the Epi Info system.

3. Alternate electronic methods.[7] A small number of LHDs extract morbidity information from their internal systems to be electronically updated for the State's reporting to the CDC. The files are submitted to the State via an electronic bulletin board system (BBS), transferred via a virtual private network (VPN) or (one county attempting) by sending encrypted files using a Secure FTP server operated by ITSD. In addition one jurisdiction exports data which is uploaded into AVSS for transmission to the State.

[5] 43 LHDs use AVSS.
[6] 13 LHDs mail or fax paper CMR forms.
[7] 6 LHDs submit CMR data via alternative electronic methods.

Figure 3.5*:* Sending Disease Report Data from LHD to the State



At the State and local level, there are reporting constraints and variances for HIV and AIDS, Tuberculosis (TB), and Sexually Transmitted Diseases (STD). For privacy protection, HIV and AIDS are not reported using the previously described processes. HIV and AIDS data are kept separate from other communicable disease data. The AIDS Office uses the HARS system, developed by the CDC, to capture HIV and AIDS information.

When an LHD confirms a case of TB, the LHD must complete a four-page report (i.e., Report of Verified Case of Tuberculosis [RVCT]) in addition to the disease reporting process described above. LHDs submit the RVCT directly to the TB Control Branch. LHDs with a high-morbidity of TB in their jurisdictions use the CDC-developed Tuberculosis Information Management System (TIMS) to report to the TB Control Branch. Low-morbidity LHDs mail or fax hard copy forms to the Branch for entry into TIMS.

LHDs submit data on reportable STDs to the State either directly to the STD Control Branch or to SSS. All cases of Syphilis and Chancroid are reported directly to the STD Control Branch.

In addition, many LHDs use locally-developed CMR forms (enhanced versions of the State CMR) to capture STD and TB data from health care providers. These modified CMR forms capture additional data to assist the LHDs in their investigation and case management activities.

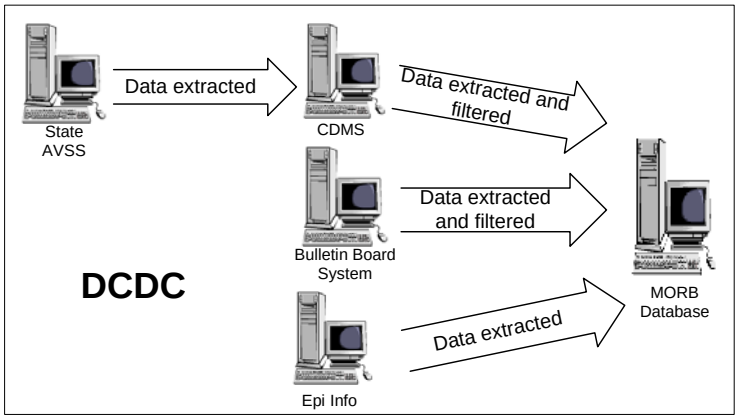
3.2.3.5 Manage Case Report Data

The AVSS system was originally designed to capture information on vital statistics (i.e. birth and death records), and was subsequently modified to accept morbidity data. As a result, AVSS does not provide the flexibility and functionality to properly manage disease report data. Consequently, DCDC staff use two other systems, the Communicable Disease Management System (CDMS) and the MORB Database, to support their activities. CDMS, a cache-based system, comprises two modules: CMR and vaccine-preventable diseases (VPD). The CMR module stores data from AVSS. The VPD module stores extended case management data from case report forms, entered by the Immunization Branch.

DCDC staff has developed a SQL database ("MORB") and SAS programs to transform both CDMS and non-CDMS data sources (such as the files received on the bulletin board system and Epi Info) into a SQL table with a consistent format.

Figure 3.6 illustrates how staff manages CMR data at the State level.

Figure 3.6: *Managing Disease Report Data*



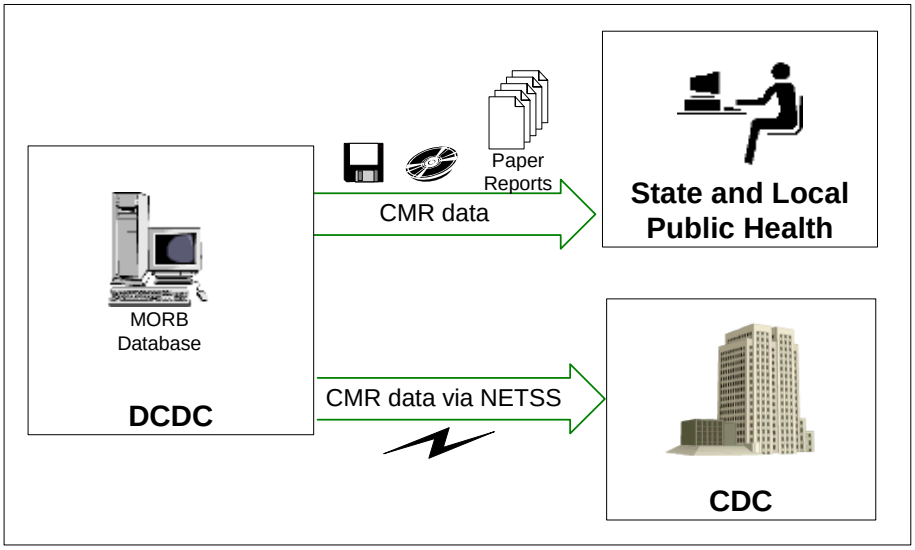
3.2.5.6 Distribution of Surveillance Data

California electronically transmits core surveillance data — date, county, age, sex, and race/ethnicity — and disease-specific epidemiologic information for nationally notifiable diseases to the CDC through NETSS. DCDC compiles a NETSS file by extracting some data from the MORB database and combines this with pre-formatted, extended NETSS files from the CDMS-VPD module and the STD program, which are also data feeds into the MORB database. While NETSS does not require the use of a specific computer software program, the data must be transmitted in American Standard Code for Information Interchange (ASCII) format. This allows the CDC to efficiently integrate data from all surveillance systems required to report through NETSS. In California, a weekly connection is made to the CDC's SDN, through a web browser to transfer the NETSS file.

In addition to reporting to the CDC, DCDC provides disease report data to State and local public health staff in various formats. Monthly, the staff publishes communicable disease summaries on the DHS website and also provides data files from the MORB Database to State and local epidemiologists for further analysis.

Figure 3.7 illustrates the process of distributing disease surveillance data to the CDC and other State and local public health staff.

Figure 3.7: *Sending Disease Reports*



3.3 Recognized Problems

In early 2004, CDHS identified problems with respect to its surveillance capabilities. Providers were not fully meeting their legally mandated requirements to notify LHDs of reportable communicable disease occurrences.

There were many reasons for this, including: a lack of knowledge, time, or interest in disease reporting, or the cumbersome, paper-based reporting process. Based on an analysis of the current processes and the critical challenges to the technological infrastructure, CDHS has identified the following critical problems that must be addressed as the Department prepares for future demands and opportunities in support of its surveillance activities.

1. Inefficient Disease Reporting and Inefficient Local Case Management

2. Ineffective Methods for Collecting and Aggregating Statewide Information on Communicable Diseases

3. Decentralized, Non-Standard and Uncoordinated Outbreak Detection and Alerting

4. Autonomous and Disparate Geographical and Graphical Data Analysis Methods.

To address these critical problems, CDHS initiated the Web-CMR project which is intended to improve the legally required reporting of infectious diseases under Title 17 of the California Code of Regulations.

SECTION 4: CONCEPTUAL SOLUTION

4.1 Introduction

The overall objective of the proposed solution is to enhance and strengthen State and local disease surveillance capacity and promote public health, by providing a mechanism for the public health system in California to collect, manage, and utilize disease data more efficiently and effectively. The proposed solution for disease reporting and data management is a Commercial Off-the-Shelf (COTS) or Modifiable Off-the-Shelf (MOTS) system. The solution consists of a web-based application and back-end database that will support disease reporting and data management, and will be integrated with the ELR solution (*refer to companion RFP 07-65624*).

4.2 Conceptual Solution Purpose

The System will improve the State's ability to collect more complete and timely surveillance information from health care providers, and will provide: (1) tools to assist health department personnel with the processes of disease investigation and control; (2) analytic tools to support the surveillance process; (3) capabilities to electronically report data. The proposed solution includes electronic reporting and management of communicable disease information, centralized data access, patient and case management, disease surveillance and trend evaluation.

4.3 Conceptual Solution Description

The core function of the DCDC is to conduct surveillance of active disease cases and their contacts. DCDC relies on timely and accurate provider and laboratory data for the identification of these cases, as well as for the detection and management of outbreaks. The analytic and evaluative use of data informs DCDC both in its setting of priorities and allocation of resources and in its response to state and local communicable disease programs, laboratories, and private providers. The local programs will capture data, respond to and manage outbreaks, and submit surveillance reports to the State DCDC. Local programs respond to reports of suspected diseases by both providers and laboratories in a timely manner to treat cases, contacts, and high risk persons. Web-CMR will provide:

- **Comprehensive centralized statewide surveillance and reporting system**: A centralized statewide system will be implemented to capture the various DCDC and LHDs' surveillance and laboratory data for cases, their contacts, and for patients that move between local jurisdictions. This reporting includes the California Confidential Morbidity Report (CMR), lab reports, surveillance forms, disease specific case management forms, field records, and the mandated CDC reports.
- **Capture of all CMR and electronic laboratory data via an electronic interface**: The Web-CMR system will capture and link CMR and electronic laboratory results through an integrated web-based surveillance system to improve the timeliness of notification of suspected disease, eliminate redundant data entry, and permit more rapid response by the local programs.
- **Centralized reporting of all CMR forms for LHDs**: The Web-CMR system will centralize the respective surveillance reporting to DCDC to simplify and improve timeliness of reporting for local programs. In addition, inclusion of online instructions, forms, and Help tools will improve the accuracy and quality of reported data.
- **Ability to receive and transmit data from and to external surveillance systems, including the CDC**: By making existing, separate databases into a web-based technology, the Web-CMR system will allow for enhanced data sharing between state and local partners, centralized maintenance of reporting systems, and provide California with a vehicle to report required data to the Centers for Disease Control. The system will provide the ability to comply with current and future reporting requirements from the CDC. For LHDs with their own patient management or information systems, the ability to electronically submit and exchange data will reduce errors and

eliminate redundant data entry. The ability to submit batch reports will particularly streamline data management for high morbidity conditions, especially for larger LHDs.

- **Statewide database with the ability to analyze surveillance data**: The Web-CMR system will integrate and interface with internal and external surveillance systems to permit an improved, comprehensive and more accurate collection of data for epidemiological analysis of the various diseases, providing better disease control and oversight of case management.
- **Ability to initiate and manage alerts**: The Web-CMR system's ability to identify and communicate triggering events will strengthen DCDC's ability to manage and respond to outbreaks, and respond to inter-jurisdictional issues. For LHDs, sending and receiving notifications, as well as the ability to transfer and share data on cases and contacts will improve the timeliness of follow-up for patients who move within California.
- **A comprehensive, integrated case/outbreak management system:** The Web-CMR system will provide a cross-jurisdictional case/outbreak management system to coordinate the identification and follow-up of cases and to coordinate interventions to prevent or control further spread of disease.
- **Case management**: The Web-CMR system will manage case and contact information to facilitate the monitoring of patients and enable effective surveillance reporting. Additionally, the system will facilitate the exporting of datasets for local evaluation and monitoring and for the mandated surveillance reports.
- **Outbreak management**: The Web-CMR system will group related cases of illness to conduct effective outbreak control measures for outbreak management.
- **Improved inter-jurisdictional response**: Local programs will be able to quickly inform other LHDs of relevant lab results for patients moving out of their jurisdictions or when lab results are misdirected.

4.4 Conceptual Solution Infrastructure

Web-CMR will be implemented as a web-based solution, accessible by users throughout California. The system must be compatible with all commonly used web-browsers. The application server/web server layers must run on Microsoft Windows 2003 Server, the current ITSD standard. The application will utilize an N-tier design, including firewall separation of each layer.

4.5 Conceptual Solution Database

Web-CMR will reside on a server at a central location, accessible from the remote facilities via browser-based access. It is anticipated that the database will be deployed on an existing California database server. A separate reporting database from the main OLTP database may also be utilized.

4.6 Conceptual Solution Security

The system will provide secure access, data integrity, and role-based security. Access to data for all purposes will be controlled by roles. A role is associated with one or more permissions and jurisdictions which taken together, control access to information.

4.7 Conceptual Solution Application Infrastructure

Web-CMR will initially provide the ability to support 2000 concurrent users. The system will require no more than 15 seconds to provide a user initial logon to the application, and require no more than 3 seconds to provide responses to simple transactions.

4.8 Conceptual Solution Interfaces

The system will be required to interface with a solution specified in the Electronic Laboratory Reporting (ELR) project currently defined in RFP 07-65624. The system will need to integrate with external surveillance systems, including the CDC. For a possible alerting feature provided in the solution,

integration with California's Health Alert Network (CA-HAN) available through a web service may be required.

SECTION 5: ADMINISTRATIVE REQUIREMENTS

5.1 Introduction

In addition to meeting the Technical and Business Requirements of this RFP (07-65623), Bidders must adhere to all of the Administrative Requirements of this RFP to be responsive. Each Administrative Requirement is a Mandatory Requirement. These include the schedule specified in Section 1.5 Key Action Dates, the rules described in ***Section 2*: Rules Governing Competition**, the completion of the cost sheets specified in ***Section 7:* Cost**, the proposal format specified in ***Section 8:* Proposal Format**, and the requirements of this section.

Responses to the requirements in this section, marked as <**AR#**>, must be included in Bidder's proposal, Volume 1. Bidders must meet and adhere to all of the administrative requirements included in this RFP. The Administrative Requirements Response Matrix (**Exhibit 5-A**) must be completed and submitted as part of the Bidder's Draft Proposal and Final Proposal. All administrative requirements are Mandatory. If a Bidder fails to comply with an Administrative Requirement, the Bidder will be deemed non-responsive, and will be excluded from further evaluation. Failure to identify the Bidder's intention to fulfill the requirement may result in a determination that a material defect exists and result in a rejection of the Bidder's proposal.

5.2 Web-CMR & ELR Proposal Submission

The State desires a seamless integration between the functionality of the Web-CMR system proposed in this RFP, and the functionality of the Electronic Laboratory Reporting (ELR) system proposed in the companion ELR RFP (07-65624). The State expects that this can best be accomplished by having a single Vendor provide both systems.

AR1: The Bidder must deliver to the State a proposal in response to this Web-CMR RFP (07-65623) *and* a proposal in response to the companion ELR RFP (07-65624).The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR1.

5.3 Bidder Responsibility

Prior to award of the contract, the State must be assured that the selected Bidder has all of the resources to successfully perform under the contract. This includes, but is not limited to, personnel in the numbers and with the skills required, equipment of appropriate type and in sufficient quantity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If, during the evaluation process, the State is unable to assure itself of the Bidder's ability to perform under the contract the State has the option of requesting from the Bidder any information that the State deems necessary to determine the Bidder's responsibility. If such information is required, the Bidder will be notified and will be permitted approximately five (5) working days to submit the information requested.

AR2: The Bidder must provide the State with sufficient information to allow the State to confirm the Bidder's ability to perform successfully under the contract. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR2.

AR3: The Bidder must maintain, as required by State law, a valid Workers' Compensation Insurance Policy for all employees engaged in the performance of this contract. The Bidder must agree to provide satisfactory evidence thereof at the time of proposal submittal, and at any time the State may request. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR3.

5.3.1 Performance Bond Requirement

The successful Bidder (Prime Contractor) must furnish to the State within twenty-one (21) days of contract award, at no additional cost to the State, a faithful Performance Bond acceptable to the Department of Public Health, in a sum not less than one-half of the total amount payable under the contract. The bond must be from an admitted A or A- surety insurer, must guarantee Contractor's compliance with the terms of the contract, and must be made payable to the State of California, Department of Public Health, Division of Communicable Disease Control.

A letter of bondability must be included in Volume 1, Response to Requirements and in Volume 3, Cost Data. The letter included in Volume 1 must only include the percentage of the overall bid to be covered (**the bid amount must not be included in Volume 1**). The letter included in Volume 3 should include the percentage and the amount of the overall bid amount.

The Performance Bond must be maintained in force throughout the life of the resultant contract, including any extensions.

AR4: Bidder agrees to provide a Performance Bond of an amount not less than one-half of the total amount payable under the contract within 21 days of contract award. Bidder agrees to submit a letter of bondability that conveys the percentage of total costs covered by the bond, not overall dollar value, in Volume 1, Response to Requirements. Bidder also agrees to submit a letter of bondability that conveys the percentage of total costs as well as the overall dollar value in the Cost Section of the Final Proposal (Refer to Volume 3, Cost Data). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR4.

5.3.2 Vendor Certifications

AR5: Bidders must provide in their response to this RFP a completed Vendor Certifications Form (**Exhibit 5-B**), listing all corporate certifications or accreditations they hold. These certifications or accreditations include but are not limited to American National Standards Institute (ANSI), Institute of Electrical and Electronics Engineers (IEEE), and/or International Standardization Organization (ISO). Bidders must submit the Vendor Certifications Form (**Exhibit 5-B**) with the Final Proposal. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR5.

5.3.3 Vendor Experience

AR6: Bidders must provide the name(s) and number of jurisdiction(s) (Local, State, and/or Federal) currently utilizing the solution proposed in response to this RFP. Bidders must complete the Vendor Experience Form (**Exhibit 5-C**) with the Final Proposal. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR6.

5.3.4 Customer In-Use Requirement

Although the State does not expect to install a solution identical to one in productive use elsewhere, it wants to avoid becoming a "beta site" for a substantially new technology product. The objective of the Customer In-Use Requirement is to protect the State from being an experimentalist for new software that has no record of proven performance, and to allow time for the Bidder to correct defects that could prevent new equipment and software from performing correctly in support of State programs. The State will not consider exceptions to the Customer In-Use Requirement.

AR7: The State requires that each equipment and software component proposed as part of the system solution must have been installed, implemented and operating in a production environment, in substantially the conformation bid, for a paying customer external to the

Bidder's organization, for at least 6 months prior to bid submission. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR7.

5.3.5 Customer References

The purpose of the Customer Reference requirement is to provide the State the ability to verify the claims made in the Bidder's proposal. Customer References will be contacted at the State's discretion. The State also reserves the right to contact additional known customers. Customer References must include at least one (1) customer meeting the Customer In-Use Requirement (AR7). Information provided on the Customer Reference form must include the name and address of the organization, and the name and telephone number of a contact person at the organization. The original and final project budgets for each Customer Reference, and the original and final project schedules for each Customer Reference must also be included on the Customer Reference form. If the project is on-going, Bidders must provide estimated final project budgets and schedules.

AR8: The Bidder must provide a list of customers who presently have the proposed software implemented and operating. The list must include at least one (1) customer meeting the Customer In-Use requirement from AR7. In each case, the name and address of the organization and the name and telephone number of a contact person at that organization must be listed. The Bidder must also provide the original budget and the final (or estimated final) budget, and the original schedule and the final (or estimated final) schedule. Bidders must complete and submit the Customer Reference form with the proposal (**Exhibit 5-D**). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR8.

5.3.6 Project Organization

AR9: Bidders must provide a Project Team organizational chart; resumes of and two (2) or more references for principal personnel; and description of the roles and responsibilities of Project Team members, including any identified subcontractors. Additionally, Bidders must complete the Project Team Experience matrix (**Exhibit 5-E**). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR9.

5.3.7 Subcontractor Requirements

AR10: Bidders must document in their response to this RFP, any work that is to be provided by subcontractors. Bidders must submit a list of proposed subcontractors (**Exhibit 5-F**). References and resumes for any proposed subcontractor must also be submitted. There must be written agreement from the State prior to the replacement or substitution of any subcontractor. The State reserves the right to reject any subcontractor on the proposed subcontractor list. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR10.

AR11: Any subcontractor that the Bidder chooses to use to fulfill the requirements of this RFP, and which is expected to receive more than ten (10) percent of the value of the contract, must also meet all Administrative, Technical, and Business Requirements of this RFP as applicable. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR11.

The State requires that a Bidder submitting a proposal that results in the award of a contract will be considered the "Prime Contractor". The selected Prime Contractor must accept full responsibility for coordinating and controlling all aspects of the contract, including support or activities to be performed by any subcontractors. The Prime Contractor will be the sole point of contact with the State relative to contract performance.

AR12: Bidder must agree to accept full Prime Contractor responsibility for coordinating and controlling all aspects of the contract and any subcontractors. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR12.

5.4 Payee Data Record

AR13: The Bidder's final proposal must contain a signed Payee Data Record, STD. 204 (http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR13.

5.5 Prime Contractor Requirements

5.5.1 Project Structure

AR14: The State requires that the Bidder provide a deliverable-based solution. Payment to the contract will be based on deliverables identified within the Bidder's proposal. A high-level example of deliverables shall include, but is not limited to the following:

- Business Requirements Verification (Traceability Matrix)
- Project Schedule
- Implementation Plan
- Training Plan and Materials
- Migration Plan
- Transition Plan
- Support Plan
- Disaster Recovery Plan/Operational Recover Plan
- System Configuration
- Hardware/Software
- Testing
- Deployment of Web-CMR
- Training
- Support

The Bidder must check "**Yes"** on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR14.

5.5.2 Contract Amendments

AR15: Each contract executed as a result of this RFP must be able to be amended by mutual consent of the State and the Prime Contractor. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR15.

5.5.3 Budget Contingency Clause

AR16: It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the work identified in this Agreement, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Prime Contractor or to furnish any other considerations under this Agreement and the Prime Contractor shall not be obligated to perform any provisions of this Agreement. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either: cancel this Agreement with no liability occurring to the State, or offer an Agreement Amendment to the Prime Contractor to reflect the reduced amount. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR16.

5.5.4 Retention of Payment

AR17: The State shall retain from each invoice ten percent (10%) of that invoice, until acceptance of the Web-CMR System. The retained amount shall be held and released only upon approval that the work has been satisfactorily completed and the Web-CMR System has been accepted by the State. The Prime Contractor must submit a separate invoice for the retained amount. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR17.

5.5.5 Third-Party Software Licensing

The State recognizes that the Bidder may have integrated third party software into the proposed solution. All such software must be purchased by and licensed to the successful Bidder (Prime Contractor). The Prime Contractor shall hold all licenses and sub-license to DCDC for continual use with the Bidder's solution, until system acceptance. After system acceptance all software licenses shall pass automatically to the State consistent with State Model Information Technology Software Special Provisions Paragraph 1 [http://www.documents.dgs.ca.gov/pd/modellang/softwarespecial102103.pdf].

> **AR18:** The Bidder must agree to purchase, on behalf of the State, all other software required for the proposed solution. All software purchased by the Contractor for the project will be initially licensed to the Prime Contractor and sub-licensed to the State until Final System Acceptance. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR18.

5.5.6 Warranty/Service Level Agreements

The successful Bidder (Prime Contractor) shall provide the State with a one year warranty that the Web-CMR system will perform all required functions and will operate in accordance with all requirements set forth in this RFP. The warranty period will begin upon system acceptance. The Prime Contractor shall respond timely to all requests made by State staff for assistance or repairs related to the Web-CMR system during the warranty period. All costs incurred in keeping the Web-CMR system operating properly during the warranty period will be the sole responsibility of the Prime Contractor. Any request for assistance or repair prior to the end of the warranty period will be completed by the Contractor at no cost to the State, regardless of whether the work performed by the Prime Contractor in response to those requests exceeds the warranty period.

> **AR19:** The Bidder must provide the State with a one year warranty that the Web-CMR system will perform all required functions and will operate in accordance with all requirements set forth in this RFP, from the date of system acceptance. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR19.

Exhibit 5-A: *Administrative Requirements Response Matrix*

Each Administrative Requirement, from ***Section 5:*** **Administrative Requirements** of this RFP is listed below. Bidders must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance for each listed requirement.

AR#	Reference	Administrative Requirement	Yes	No
AR1	5.2	The Bidder must deliver to the State a proposal in response to this Web-CMR RFP (07-65623) *and* a proposal in response to the companion ELR RFP (07-65624).The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR1.	☐	☐
AR2	5.3	The Bidder must provide the State with sufficient information to allow the State to confirm the Bidder's ability to perform successfully under the contract. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR2.	☐	☐
AR3	5.3	The Bidder must maintain, as required by State law, a valid Workers' Compensation Insurance Policy for all employees engaged in the performance of this contract. The Bidder must agree to provide satisfactory evidence thereof at the time of proposal submittal, and at any time the State may request. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR3.	☐	☐
AR4	5.3.1	Bidder agrees to provide a Performance Bond of an amount not less than one-half of the total amount payable under the contract within 21 days of contract award. Bidder agrees to submit a letter of bondability that conveys the percentage of total costs covered by the bond, not overall dollar value, in Volume 1, Response to Requirements. Bidder also agrees to submit a letter of bondability that conveys the percentage of total costs as well as the overall dollar value in the Cost Section of the Final Proposal (Refer to Volume 3, Cost Data). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR4.	☐	☐
AR5	5.3.2	**AR5.** Bidders must provide in their response to this RFP a completed Vendor Certifications Form (**Exhibit 5-B**), listing all corporate certifications or accreditations they hold. These certifications or accreditations include but are not limited to American National Standards Institute (ANSI), Institute of Electrical and Electronics Engineers (IEEE), and/or International Standardization Organization (ISO). Bidders must submit the Vendor Certifications Form (**Exhibit 5-B**) with the Final Proposal. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR5.	☐	☐
AR6	5.3.3	Bidders must provide the name(s) and number of jurisdiction(s) (Local, State, and/or Federal) currently utilizing the solution proposed in response to this RFP. Bidders must complete the Vendor Experience Form (**Exhibit 5-C**) with the Final Proposal. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR6.	☐	☐

AR#	Reference	Administrative Requirement	Yes	No
AR7	5.3.4	The State requires that each equipment and software component proposed as part of the system solution must have been installed, implemented and operating in a production environment, in substantially the conformation bid, for a paying customer external to the Bidder's organization, for at least 6 months prior to bid submission. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR7.	☐	☐
AR8	5.3.5	The Bidder must provide a list of customers who presently have the proposed software implemented and operating. The list must include at least one (1) customer meeting the Customer In-Use requirement from AR7. In each case, the name and address of the organization and the name and telephone number of a contact person at that organization must be listed. The Bidder must also provide the original budget and the final (or estimated final) budget, and the original schedule and the final (or estimated final) schedule. Bidders must complete and submit the Customer Reference form with the proposal (**Exhibit 5-D**). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR8.	☐	☐
AR9	5.3.6	Bidders must provide a Project Team organizational chart; resumes of and two (2) or more references for principal personnel; and description of the roles and responsibilities of Project Team members, including any identified subcontractors. Additionally, Bidders must complete the Project Team Experience matrix (**Exhibit 5-E**). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR9.		
AR10	5.3.7	Bidders must document in their response to this RFP, any work that is to be provided by subcontractors. Bidders must submit a list of proposed subcontractors (**Exhibit 5-F**). References and resumes for any proposed subcontractor must also be submitted. There must be written agreement from the State prior to the replacement or substitution of any subcontractor. The State reserves the right to reject any subcontractor on the proposed subcontractor list. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR10.	☐	☐
AR11	5.3.7	Any subcontractor that the Bidder chooses to use to fulfill the requirements of this RFP, and which is expected to receive more than ten (10) percent of the value of the contract, must also meet all Administrative, Technical, and Business Requirements of this RFP as applicable. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR11.	☐	☐
AR12	5.3.7	Bidder must agree to accept full Prime Contractor responsibility for coordinating and controlling all aspects of the contract and any subcontractors. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR12.	☐	☐
AR13	5.4	The Bidder's final proposal must contain a signed Payee Data Record, STD. 204 (http://www.documents.dgs.ca.gov/osp/pdf/std204.pdf). The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR13.	☐	☐

AR#	Reference	Administrative Requirement	Yes	No
AR14	5.5.1	The State requires that the Bidder provide a deliverable-based solution. Payment to the contract will be based on deliverables identified within the Bidder's proposal. A high-level example of deliverables might include, but is not limited to the following: ▪ Business Requirements Verification (Traceability Matrix) ▪ Project Schedule ▪ Implementation Plan ▪ Training Plan and Materials ▪ Migration Plan ▪ Transition Plan ▪ Support Plan ▪ Disaster Recovery Plan/Operational Recover Plan ▪ System Configuration ▪ Hardware/Software ▪ Testing ▪ Deployment of Web-CMR ▪ Training ▪ Support The Bidder must check "**Yes"** on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR14.	☐	☐
AR15	5.5.2	Each contract executed as a result of this RFP must be able to be amended by mutual consent of the State and the Prime Contractor. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR15.	☐	☐
AR16	5.5.3	It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the work identified in this Agreement, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to the Prime Contractor or to furnish any other considerations under this Agreement and the Prime Contractor shall not be obligated to perform any provisions of this Agreement. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either: cancel this Agreement with no liability occurring to the State, or offer an Agreement Amendment to the Prime Contractor to reflect the reduced amount. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR16.	☐	☐

AR#	Reference	Administrative Requirement	Yes	No
AR17	5.5.4	The State shall retain from each invoice ten percent (10%) of that invoice, until acceptance of the Web-CMR System. The retained amount shall be held and released only upon approval that the work has been satisfactorily completed and the Web-CMR System has been accepted by the State. The Prime Contractor must submit a separate invoice for the retained amount. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR17.	☐	☐
AR18	5.5.5	The Bidder must agree to purchase, on behalf of the State, all other software required for the proposed solution. All software purchased by the Contractor for the project will be initially licensed to the Prime Contractor and sub-licensed to the the State until Final System Acceptance. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR18.	☐	☐
AR19	5.5.6	The Bidder must provide the State with a one year warranty that the Web-CMR system will perform all required functions and will operate in accordance with all requirements set forth in this RFP, from the date of system acceptance. The Bidder must check "**Yes**" on the matrix indicating compliance, or "**No**" on the matrix indicating non-compliance with AR19.	☐	☐

Exhibit 5-B: *Vendor Certification Form*

Indicate whether the Bidder's company holds the identified certifications, and if so, the date the certification or accreditation was effective. If applicable, complete the table with any unlisted certifications/accreditations Bidder's company holds, and provide the effective date.

Certification/Accreditation	Yes	No	Effective Date
American National Standards Institute (ANSI)	☐	☐	
Institute of Electrical and Electronics Engineers (IEEE)	☐	☐	
International Standardization Organization (ISO)	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Exhibit 5-C: *Vendor Experience Form*

Provide the name of each jurisdiction where the proposed solution has been implemented. Also provide the month and year for when the solution was first implemented at each jurisdiction.

Jurisdiction	Date

Total # of Jurisdictions utilizing proposed solution:

Exhibit 5-D: *Customer Reference Form*

Provide a list of customers who presently have the proposed software solution installed and operating, including a name and address of the organization using the proposed solution, and contact person at that location. Indicate which customer(s) meet(s) the Customer In-Use Requirement (AR5). Indicate if the project is complete and, please provide the original and final (or estimated final) budget, and the original and final (or estimated final) schedule.

Customer Name:			
	Organization	**Contact Person**	
Name:		**Name:**	
Street Address:		**Telephone:**	
City, State, Zip Code:		**In-Use Requirement:**	Yes/No
Project Status Information			
Project Complete:	Yes/No	**Comments:**	
Original Budget:		**Original Schedule:**	
Final Budget:		**Final Schedule:**	

Customer Name:			
	Organization	**Contact Person**	
Name:		**Name:**	
Street Address:		**Telephone:**	
City, State, Zip Code:		**In-Use Requirement:**	Yes/No
Project Status Information			
Project Complete:	Yes/No	**Comments:**	
Original Budget:		**Original Schedule:**	
Final Budget:		**Final Schedule:**	

Customer Name:			
	Organization	**Contact Person**	
Name:		**Name:**	
Street Address:		**Telephone:**	
City, State, Zip Code:		**In-Use Requirement:**	Yes/No
Project Status Information			
Project Complete:	Yes/No	**Comments:**	
Original Budget:		**Original Schedule:**	
Final Budget:		**Final Schedule:**	

Exhibit 5-E: *Project Team Experience Matrix*

Complete the Project Team Experience Matrix for each of the six (6) principal project team positions: (1) Project Manager, (2) Technical Lead/System Architect, (3) Lead Programmer/Analyst, (4) Database Specialist/Administrator, (5) Quality Assurance/Test Lead, and (6) Training Lead.

PROJECT TEAM EXPERIENCE MATRIX – PROJECT MANAGER

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:		Degrees:		
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification.					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	
1. Was this system:	• Capable of supporting 2000 concurrent internal users?			Y ☐ N ☐	
	• Web-based?			Y ☐ N ☐	
	• PHIN compliant?			Y ☐ N ☐	
	• Hosted at the Client's data center?			Y ☐ N ☐	
	• A COTS package that was configured to meet specific requirements for the Client?			Y ☐ N ☐	
	• Implemented elsewhere prior to Client's purchase of the solution?			Y ☐ N ☐	
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdictions/ local health departments?			Y ☐ N ☐	
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?			Y ☐ N ☐	
	• Windows Server or UNIX/LINUX Operating System?			Y ☐ N ☐	
	• An N-tier architecture?			Y ☐ N ☐	
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?			Y ☐ N ☐	
	• 2 factor authentication?			Y ☐ N ☐	

PROJECT TEAM EXPERIENCE MATRIX – PROJECT MANAGER

3. For this system, did you:	• Provide IT Project Management?	Y ☐ N ☐
	• Perform project planning, tracking, and reporting?	Y ☐ N ☐
	• Develop a detailed Project Schedule?	Y ☐ N ☐
	• Develop a Project Management Plan?	Y ☐ N ☐
	• Use Project Management Institute (PMI) PMBOK standards?	Y ☐ N ☐
	• Use IEEE system development documentation standards?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – TECHNICAL LEAD/SYSTEM ARCHITECT

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:	Degrees:			
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification.					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	

1. Was this system:	• Capable of supporting 2000 concurrent internal users?	Y ☐ N ☐
	• Web-based?	Y ☐ N ☐
	• PHIN compliant?	Y ☐ N ☐
	• Hosted at the Client's data center?	Y ☐ N ☐
	• A COTS package that was configured to meet specific requirements for the Client?	Y ☐ N ☐
	• Implemented elsewhere prior to Client's purchase of the solution?	Y ☐ N ☐
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdiction/ local health departments?	Y ☐ N ☐
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?	Y ☐ N ☐
	• Windows Server or UNIX/LINUX Operating System?	Y ☐ N ☐
	• An N-tier architecture?	Y ☐ N ☐
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?	Y ☐ N ☐
	• Adhere to additional standards (security, protocol, etc.) provided by the Client?	Y ☐ N ☐
	• Multiple exclusive environments (configuration, testing, staging, production)?	Y ☐ N ☐
	• 2 factor authentication?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – TECHNICAL LEAD/SYSTEM ARCHITECT

3. For this system, did you:	• Lead the design, configuration and implementation of the technical infrastructure of the system?	Y ☐ N ☐
	• Follow IEEE/ISO 9000 standards?	Y ☐ N ☐
	• Lead in the transition and conversion of this system to a new environment?	Y ☐ N ☐
	• Lead in implementing all hardware components?	Y ☐ N ☐
	• Lead in implementing all software components?	Y ☐ N ☐
	• Lead in implementing all network components?	Y ☐ N ☐
	• Provide knowledge transfer of all technical information to the Client?	Y ☐ N ☐
	• Develop and provide a “Client specific” system administration manual to the Client?	Y ☐ N ☐
	• Develop and provide a “Client specific” operational/disaster recovery plan to the Client?	Y ☐ N ☐
	• Provide source code for code review by Client?	Y ☐ N ☐
	• Identify any subsequent changes to the source code prior to code reviews?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – LEAD PROGRAMMER/ANALYST

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:		Degrees:		
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification.					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	

1. Was this system:	• Capable of supporting 2000 concurrent internal users?	Y ☐ N ☐
	• Web-Based?	Y ☐ N ☐
	• PHIN compliant?	Y ☐ N ☐
	• Hosted at the Client's data center?	Y ☐ N ☐
	• A COTS package that was configured to meet specific requirements for the Client?	Y ☐ N ☐
	• Implemented elsewhere prior to the Client's purchase of the solution?	Y ☐ N ☐
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdiction/ local health departments?	Y ☐ N ☐
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?	Y ☐ N ☐
	• Windows Server or UNIX/LINUX Operating System?	Y ☐ N ☐
	• An N-tier architecture?	Y ☐ N ☐
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?	Y ☐ N ☐
	• Adhere to additional standards (security, protocol, etc.) provided by the Client?	Y ☐ N ☐
	• Different/exclusive environments (configuration, testing, staging, production)?	Y ☐ N ☐
	• 2 factor authentication?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – LEAD PROGRAMMER/ANALYST

3. For this system, did you:	• Configure software components utilizing Client supplied standards?	Y ☐ N ☐
	• Integrate COTS and custom developed packages to meet customer requirements?	Y ☐ N ☐
	• Design and develop screens and forms supplied by Client?	Y ☐ N ☐
	• Develop and design standard reports and letters supplied by Client?	Y ☐ N ☐
	• Use any of the following Systems Development Life Cycle (SDLC) methodologies: Waterfall Model, Spiral Model, Iterative Development Models (e.g. Object Oriented, Fountain), Crystal Models, SCRUM Methodology, Extreme Programming	Y ☐ N ☐
	• Prepare systems design specifications and other SDLC deliverables?	Y ☐ N ☐
	• Follow IEEE system development standards?	Y ☐ N ☐
	• Chair and conduct JAD (Joint Application Design) sessions to clarify the Client's business requirements?	Y ☐ N ☐
	• Conduct code walk-thru prior to Client's code review?	Y ☐ N ☐
	• Conduct design walkthroughs?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – DATABASE SPECIALIST/ADMINISTRATOR

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:		Degrees:		
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification. **ONLY LIST PROJECTS FINISHED WITHIN THE LAST 5 YEARS, OR PROJECTS NOT YET COMPLETED**					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	

1. Was this system:	• Capable of supporting 2000 concurrent internal users?	Y ☐ N ☐
	• Web-Based?	Y ☐ N ☐
	• PHIN compliant?	Y ☐ N ☐
	• Hosted at the Client's data center?	Y ☐ N ☐
	• A COTS package that was configured to meet specific requirements for the Client?	Y ☐ N ☐
	• Implemented else where prior to the Client's purchase of the solution?	Y ☐ N ☐
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdiction/ local health departments?	Y ☐ N ☐
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?	Y ☐ N ☐
	• Windows Server or UNIX/LINUX Operating System?	Y ☐ N ☐
	• An N-tier architecture?	Y ☐ N ☐
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?	Y ☐ N ☐
	• Adhere to additional standards (security, protocol, etc.) provided by the Client?	Y ☐ N ☐
	• Multiple exclusive environments (configuration, testing, staging, production)?	Y ☐ N ☐
	• 2 factor authentication?	Y ☐ N ☐
	• Any methodology for data normalization?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – DATABASE SPECIALIST/ADMINISTRATOR

3. For this system, did you:	• Use any of the following Systems Development Life Cycle (SDLC) methodologies: Waterfall Model, Spiral Model, Iterative Development Models (e.g. Object Oriented, Fountain), Crystal Models, SCRUM Methodology, Extreme Programming	Y ☐ N ☐
	• Develop logical data models?	Y ☐ N ☐
	• Develop physical data structures?	Y ☐ N ☐
	• Develop Data Conversion Plans?	Y ☐ N ☐
	• Follow IEEE system development standards?	Y ☐ N ☐
	• Provide the Client with the ability to produce data dictionaries?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – QUALITY ASSURANCE/TEST LEAD

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:	Degrees:			
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification. **ONLY LIST PROJECTS FINISHED WITHIN THE LAST 5 YEARS, OR PROJECTS NOT YET COMPLETED**					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	
1. Was this system:	• Capable of supporting 2000 concurrent internal users?			Y ☐ N ☐	
	• Web-based?			Y ☐ N ☐	
	• PHIN compliant?			Y ☐ N ☐	
	• Hosted at the Client's data center?			Y ☐ N ☐	
	• A COTS package that was configured to meet specific requirements for the Client?			Y ☐ N ☐	
	• Implemented else where prior to Client's purchase of the solution?			Y ☐ N ☐	
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdiction/ local health departments?			Y ☐ N ☐	
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?			Y ☐ N ☐	
	• Windows Server or UNIX/LINUX Operating System?			Y ☐ N ☐	
	• An N-tier architecture?			Y ☐ N ☐	
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?			Y ☐ N ☐	
	• Adhere to additional standards (security, protocol, etc.) provided by the Client?			Y ☐ N ☐	
	• Multiple exclusive environments (configuration, testing, staging, production)?			Y ☐ N ☐	
	• 2 factor authentication?			Y ☐ N ☐	

PROJECT TEAM EXPERIENCE MATRIX – QUALITY ASSURANCE/TEST LEAD

3. For this system, did you:	• Use an independently recognized QA process such as that from the QA Institute, ISO 9000, IEEE, or Carnegie's Software Capability Maturity Model?	Y ☐ N ☐
	• Develop and implement a QA plan describing processes and standards to ensure quality of work products and the design, development, testing, and deployment processes?	Y ☐ N ☐
	• Develop and oversee the execution of the Project Test Plan to ensure that system requirements were successfully met?	Y ☐ N ☐
	• Utilize automated testing tools?	Y ☐ N ☐
	• Utilize automated tools to conduct performance testing?	Y ☐ N ☐
	• Utilize automated tools to conduct regression testing?	Y ☐ N ☐
	• Utilize automated tools to simulate production usage?	Y ☐ N ☐
	• Oversee and certify all deliverables prior to delivery of to Client for testing/review?	Y ☐ N ☐
	• Provide the Client a copy of the QA/change control processes used by your company?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – TRAINING LEAD

Proposed Resource Name:		Firm Representing:			
Certifications:	Years of Education Completed:		Degrees:		
List skills and experiences that qualify the team member for the duties and responsibilities on this project for the proposed job classification. **ATTACH PERSONNEL RESUME TO THIS EXHIBIT.**					
List one or more client references for a representative sample of work performed during the past five (5) years that is used to meet the requirements for the proposed job classification.					
Client Name:		Project Name:			
Contact Name:		Contact Number:			
Role/Responsibility:		Dates:	Start:	End:	
		Duration:	Yrs:	Months:	

1. Was this system:	• Capable of supporting 2000 concurrent internal users?	Y ☐ N ☐
	• Web-based?	Y ☐ N ☐
	• PHIN compliant?	Y ☐ N ☐
	• Hosted at the Client's data center?	Y ☐ N ☐
	• A COTS package that was configured to meet specific requirements for the Client?	Y ☐ N ☐
	• Implemented else where prior to Client's purchase of the solution?	Y ☐ N ☐
	• Implemented as a Statewide solution, consisting of autonomous counties/jurisdiction/ local health departments?	Y ☐ N ☐
2. Did this system use:	• MICROSOFT SQL Server or Oracle Database?	Y ☐ N ☐
	• Windows Server or UNIX/LINUX Operating System?	Y ☐ N ☐
	• An N-tier architecture?	Y ☐ N ☐
	• A secure interface(s) with any external (local heath departments/state/federal) disease surveillance systems?	Y ☐ N ☐
	• Adhere to additional standards (security, protocol, etc.) provided by the Client?	Y ☐ N ☐
	• Multiple exclusive environments (configuration, testing, staging, production)?	Y ☐ N ☐
	• 2 factor authentication?	Y ☐ N ☐

PROJECT TEAM EXPERIENCE MATRIX – TRAINING LEAD

3. For this system, did you:	• Provide non-technical training for client end-user trainers, help desk, and business analysts?	Y ☐ N ☐
	• Provide training for client technical staff covering design, construction and operation of the system?	Y ☐ N ☐
	• Provide training for client external customers via CBT, seminars, and group training sessions?	Y ☐ N ☐
	• Provide train-the-trainer training?	Y ☐ N ☐
	• Develop the project training plan and Client specific training materials?	Y ☐ N ☐
	• Conduct trainings utilizing a separate training environment?	Y ☐ N ☐
	• Conduct trainings utilizing production-like data?	Y ☐ N ☐
	• Conduct client specific training based on business requirements?	Y ☐ N ☐
	• Provide audience-tailored training to multiple audiences, ranging from technical to non-technical (e.g. end-users)?	Y ☐ N ☐

Exhibit 5-F: *Proposed Subcontractor List*

Provide the company name and contact information for the Primary Contact Person for all proposed subcontractors. Also, supply one (1) or more customer references for each proposed subcontractor, and indicate the names of resumes provided per subcontractor. Insert additional tables or sections to the provided tables as necessary to provide complete information.

Company Name:			
	Primary Contact Person		
Name:			
Street Address:			
City, State, Zip Code:			
Telephone			
	Customer Reference		
	Company Information	Contact Person	
Name:		**Name:**	
Street Address:		**Telephone:**	
City, State, Zip Code:			
	Resumes Provided		
Name:		**Name:**	
Name:		**Name:**	

Company Name:			
	Primary Contact Person		
Name:			
Street Address:			
City, State, Zip Code:			
Telephone			
	Customer Reference		
	Company Information	Contact Person	
Name:		**Name:**	
Street Address:		**Telephone:**	
City, State, Zip Code:			
	Resumes Provided		
Name:		**Name:**	
Name:		**Name:**	

SECTION 6: TECHNICAL & BUSINESS REQUIREMENTS

6.1 Introduction

This section of the RFP contains the technical and business requirements for Web-CMR. The State has determined that it is best to define its own needs, and the State will not tailor these needs to fit some solution a Bidder may have available; rather, the Bidder shall propose to meet the State's needs as defined in this RFP.

6.2 Mandatory Requirements

All requirements in this paragraph 6.2 are Mandatory. Each Mandatory Requirement is marked as type "**M**". To be considered responsive to this RFP, the Bidder must agree to meet every mandatory requirement.

Bidders must complete the tables contained with this Section, and include these in Volume 1 of the proposal, as indicated in ***Section 7*: Proposal and Bid Format**. Bidders must not edit or re-type any of the information contained within the tables – any attempt to do so will be considered an attempt to mislead the State, and will be handled in accordance with Section 2.2.3.4. **BIDDERS' RESPONSES MUST BE BASED ON SOLUTIONS THAT MEET THE CUSTOMER IN-USE REQUIREMENT (AR5), AND HAVE BEEN IN PRODUCTIVE USE 6 MONTHS OR LONGER PRIOR TO PROPOSAL SUBMISSION.** For each mandatory requirement in this section, the Bidder must check "**Yes**" indicating compliance with the requirement, or "**No**" indicating non-compliance with the requirement. A succinct explanation of how each requirement can or cannot be met must be included in the response for each requirement. Bidders must also indicate whether the system currently meets the requirement or if the system must be modified to meet the requirement. Please refer to **Appendix A**: **Web-CMR Technical and Business Requirements** and **Appendix B: Web-CMR Business Requirement Workflows** for additional information and clarification on the requirements contained within this Section. Each Mandatory Requirement that is required for the Proof of Concept (Demonstration) is indicated with a "**Y**" in the "Demo" column. As described in ***Section 10*: Proof of Concept (POC) Demonstration**, Bidders must be prepared to demonstrate to the Evaluation Team how the Bidder's proposed solution meets the indicated requirements.

6.2.1 Mandatory Technical Requirements

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Infrastructure Requirements						
1.1.1.9	**N**	**M** (14)	The solution infrastructure must provide a minimum of five (5) environments: Development; Production-Like Training; Production-Like User Acceptance; Production-Like Staging; and Production. The vendor must provide a technical diagram and description of the proposed infrastructure solution, as described above. The technical diagram must depict the architecture and design of the proposed solution. The description must also include a description of System hardware requirements. The technical diagram and description **must** be included in the response to this proposal.		☐	☐
Mandatory PHIN Requirements						
1.2.2.2	**N**	**M** (14)	The System must be compliant with the PHIN logical data model.		☐	☐
1.2.2.3	**Y**	**M** (14)	For all data elements captured by the system (including all morbidity and laboratory results data) the application must have the capability to interoperate this data using established vocabulary (e.g. LOINC and SNOMED) and common data element standards established by the CDC's Public Health Information Network (e.g. PHIN VADS, CDC Common Data Elements Implementation Guide, PHIN Functional Requirements, Notifiable Disease Mapping Tables and others). (See www.cdc.gov/phin).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Data Dictionary Requirements						
1.2.3.1	**Y**	**M** (14)	The System must provide the ability for CDHS to generate, store, and manage data dictionaries that contain common data elements, such as Field Name, Description, Value, Value Label, Type, Length, Calculated, for all forms, messages, or exported data. The data dictionary should be able to be viewed both electronically and printed. The data dictionaries need to be linked variable by variable to the data exports for specific forms and/or reports. **Sample data dictionaries and related forms are provided in Appendix C.**		☐	☐
Mandatory Log Requirements						
1.2.4.1	**Y**	**M** (14)	The System must provide an audit trail for data entry, updates (recording new and changed values), and data reads/access. Logs must contain information including but not limited to user, IP address, date, time, and data elements entered, updated or read, and the values contained within the data elements.		☐	☐
1.2.4.2	**Y**	**M** (14)	System audit functionality should be maintainable by the CDHS system administrator via the application.		☐	☐
1.2.4.3	**Y**	**M** (14)	For users with the appropriate security permission, the System must provide the ability to view or print audit logs using role based security.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Security Requirements						
1.3.1.1	**Y**	**M (14)**	The System must use a unique User-ID (UID) and password (PSWD) sign-in for user authentication. **Provider Level**: Some administration of UIDs and PSWDs must be implemented. Also some provider authentication and approval must be implemented. **State and LHD Level (Admin & user)**: There will be an administrative body in charge of approving UIDs and PSWDs. This will be administered based on ITSD's approved procedure through Active Directory.		☐	☐
1.3.1.2	**Y**	**M (14)**	The System must provide role-based security, providing appropriate user access to system functions which should be managed at the State and Local (LHD) level, as well as intermediate area and regional levels where applicable.		☐	☐
1.3.1.3	**Y**	**M (14)**	The System must provide the ability to configure access to data distribution of alerts (user roles and privileges) by User, Role, Program, and Jurisdiction.		☐	☐
1.3.1.4	**Y**	**M (14)**	For users with the appropriate security permission (CDHS system administrator), the System must provide the ability to add new, modify, and delete roles to the security model.		☐	☐
1.3.1.5	**N**	**M (14)**	The System must utilize SSL v3 or TLS 1.0 or SFTP for all data transmissions.		☐	☐
1.3.1.6	**Y**	**M (14)**	The System must utilize Microsoft Active Directory 2003 for user authentication and authorization.		☐	☐
1.3.1.7	**N**	**M (14)**	The System must provide limits to maximum user idle time with minimal impact to session data based on business needs. A user with appropriate permissions should be able to configure time out parameters.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.3.1.9	**Y**	**M (14)**	System administration to be hierarchical to allow for delegation.		☐	☐
1.3.1.10	**N**	**M (14)**	The System must follow HIPAA security standards http://www.hhs.gov/ocr/hipaa/ as it applies to Public Health.		☐	☐
1.3.1.11	**N**	**M (14)**	The System must provide alternate options for stronger authentication than username and password such as digital certificates, web server authentication, etc. (i.e. 2FA).		☐	☐
1.3.1.13	**Y**	**M (14)**	The following "confidential" statement should print on all documents printed directly from the web-based application. **Privacy Notice Text to appear on printed documents**: *Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).*		☐	☐
1.3.1.14	**Y**	**M (14)**	The System must provide a secure hierarchical, disease-specific, permission structure to allow: • local staff to access only specified local data • "area" supervisors and staff to access cases from multiple LHDs • "regional" supervisors and staff to access cases from multiple areas • state supervisors and staff to access cases from multiple regions.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.3.1.15	**Y**	**M** (14)	The System must provide the ability for Regional DIS workers to simultaneously view all cases assigned to them, across jurisdictions (so they do not have to log on to each jurisdiction's Web-CMR portal to see their assignments for that jurisdiction).		☐	☐
1.3.1.16	**Y**	**M** (14)	The System must provide the ability to add state investigators to local lists for assignment of investigations.		☐	☐
1.3.1.17	**Y**	**M** (14)	The System must provide necessary data encryption as required by CDHS ITSD policy and prevailing standards such as PHIN or HIPAA.		☐	☐
1.3.1.18	**Y**	**M** (14)	The System should provide the ability for users with appropriate authority and permissions to define jurisdictional areas and regions.		☐	☐
Mandatory Application Infrastructure Requirements						
1.4.1.1	**N**	**M** (14)	The Source code must be placed in escrow to provide CDHS protection. This must be updated with each new release.		☐	☐
1.4.1.2	**N**	**M** (14)	The System must initially provide the ability to support 2000 concurrent users.		☐	☐
1.4.1.3	**Y**	**M** (14)	For users with the appropriate security permission, the System must provide the ability to add new organizations such as, labs, clinics, hospitals, etc., as required to a centralized "organization registry."		☐	☐
1.4.1.4	**N**	**M** (14)	For 90 percent of the system transactions: • Require no more than 15 seconds to provide initial logon to the application. • Require no more than 3 seconds to provide responses to simple database queries, complete on-line updates to the database, and navigate from screen to screen.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.4.1.5	**N**	**M** (14)	The System must be available to users 24x7 except for regularly schedule maintenance or prescheduled updates.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.4.1.6	**Y**	**M (14)**	For users with the appropriate security permission, the System must provide the ability to create, configure, and maintain (add, modify, delete) forms, screens and validation rules, used for data collection. Examples include updating forms for a new disease or a new follow-up form/questionnaire, modifying and adding fields to existing forms (including demographics), as well as changing and adding views/lists in the System. **The specific capabilities required for form creation, modification, and maintenance are as follows:** • System will allow users with appropriate permissions to add fields to different sections of an existing form. • System will allow users with appropriate permissions to delete fields from different sections of an existing form. • System will allow users with appropriate permissions to retire fields from current forms. • System will allow users with appropriate permissions to edit fields within existing forms. • System will allow users with appropriate permissions to develop electronic forms that are printable and will look similar to the paper-based version of the form when printed. For example, users are familiar with the CDC-released paper-based version of the RVCT form (Report of Verified Case of Tuberculosis) and would desire a web-based form, when printed, to look very similar to the paper version of the form. • System will allow users with appropriate permissions to retire forms that are currently in the system. • System will allow users with appropriate permissions to delete forms that are currently in the system. • System will allow users with appropriate permissions to edit code sets associated with existing fields on a current form. • System will allow users with appropriate permissions to add validation rules associated with a current form. • System will allow users with appropriate permissions to edit validation rules associated with a current form. • System will allow users with appropriate permissions to retire validation rules associated with a current form. • System will allow users with appropriate permissions to delete validation rules associated with a current form.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.4.1.7	**Y**	**M** (14)	For users with the appropriate security permission, the System must provide the ability to develop and add supplemental forms as needed for data collection needs.		☐	☐
1.4.1.8	**Y**	**M** (14)	For users with the appropriate security permission, the System must provide the ability to modify electronic implementation of the California CMR to be congruent with any/all alterations/updates to the paper version at any time.		☐	☐
1.4.1.9	**N**	**M** (14)	The System data backup and recovery processes should have minimal impact on system availability.		☐	☐
1.4.1.10	**N**	**M** (14)	The System upgrade procedures should have minimal impact on system availability.		☐	☐
1.4.1.11	**N**	**M** (14)	The system shall be structured to make adherence possible to all CDHS Information Technology Services Division (ITSD) policies and procedures for data archival and recovery. *Note: It is CDHS ITSD policy to retain monthly data backups for one (1) year. The current month's data is backed up weekly.*		☐	☐
1.4.1.12	**N**	**M** (14)	The System must provide the ability for "fail-over" functionality to alternate site.		☐	☐
1.4.1.14	**N**	**M** (14)	The System must provide the ability to support large number of users conducting activities under the burden of a high volume of laboratory and provider reports.		☐	☐
1.4.1.15	**Y**	**M** (14)	The System must provide the ability for user-controlled vocabulary administration, including the ability to associate code-sets (value sets) with coded form variables for validation purposes, and to maintain the code-sets (e.g. dropdown choice lists and lists of valid codes per concept), i.e. supporting the addition and deletion of codes from code-sets without vendor programming assistance.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.4.1.16	**Y**	**M (14)**	The System must provide the ability to store a formal PHIN/CalPHIN value set identifier with each code set, and to retrieve coded value sets on the basis of this identifier as part of the vocabulary maintenance functionality.		☐	☐
1.4.1.17	**Y**	**M (14)**	For users with the appropriate security permission, the System must provide the ability to configure all automated criteria defined.		☐	☐
Mandatory System Documentation Requirements						
1.7.1.1	**N**	**M (14)**	Contractor to deliver system documentation at the conclusion of initial installation and deployment of the system, including any specifications pertinent to California's installation of the system. The documentation should also include an overview of system logic with clearly described input parameters, batch programs and process models. To include hard copy reference materials, CD and/or other electronic format.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.7.1.2	**N**	**M (14)**	Contractor shall provide a complete logical and data model of the application. The model should represent all application classes, attributes and their associations. If there are explicit data types or a reference to a list of data elements and stored value domains available, these should be provided (electronically) as well. The model can be in the form of an entity-relationship diagram (e.g. data or implementation model) or preferably a UML representation (e.g. logical model) if available. Electronic copies are required and minimally sufficient, but a hardcopy representation would be ideal as well. If a UML model(s) is available, it should be provided in electronic form in a standard application agnostic format (e.g. an XML file). **Note**: This requirement is essential to allow for a full understanding of how data is represented with in the application. It is clearly expected that no single vendor can provide all the processing needs for CDHS now or in the future and the ability to expose or consume information within the solution between other applications (e.g. API's) is a fundamental criterion. If desired, CDHS and the vendor may engage in a reciprocal confidentiality or non-disclosure agreement before this level of detail is shared or exchanged, but this is not required.		☐	☐
1.7.1.3	**N**	**M (14)**	Vendor will provide the following System Documentation with the necessary updates made to address CDHS' requirements : • System Administration manual • System Configuration/Implementation Manual • System Architecture To include hard copy reference materials, CD and/or other electronic format. All system documentation must be updated with each new release, when appropriate.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Technical Support Requirements						
1.10.1.1	**N**	**M (14)**	Vendor to provide ongoing technical support for system administrators and Help Desk staff.		☐	☐
1.10.1.2	**N**	**M (14)**	Vendor to support multiple methods of technical support requests, such as email, phone, fax, etc. Vendor must describe the methods of contact that are offered for the product.		☐	☐
1.10.1.3	**N**	**M (14)**	Vendor to provide technical support Monday thru Friday, 8:00 AM to 5:00 PM PST in accordance with the State of California holiday schedule.		☐	☐
1.10.1.4	**N**	**M (14)**	Vendor to prioritize technical support calls and address them in priority order. Minimal response times should be in associated with type of priority. Priority type should also consider whether a call is a support questions or product defect. Vendor must describe how they ensure timely and competent support.		☐	☐
1.10.1.5	**N**	**M (14)**	Vendor to provide emergency support 7/24/365 in addition to the standard technical support.		☐	☐
Mandatory System Maintenance and Upgrade Requirements						
1.11.1.1	**N**	**M (14)**	Vendor to provide timely system updates as needed to conform to PHIN certification and other relevant CDC standards. Include description of how vendor stays abreast of standards and certification information.		☐	☐
1.11.1.2	**N**	**M (14)**	Vendor to provide version control of the system. Vendor to describe their change management process.		☐	☐
1.11.1.3	**N**	**M (14)**	Vendor to provide periodic system updates and maintenance releases to update technology and address user suggestions. Vendor must describe their historical release cycle and plans for the future.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.11.1.4	**N**	**M (14)**	Vendor must assure that system configuration is maintained during upgrades and maintenance releases. Application must remain stable and data is not overwritten. Application configuration must remain stable.		☐	☐
1.11.1.5	**N**	**M (14)**	Vendor must provide proof of regression testing prior to implementation of a new release, to ensure that system has not been negatively affected by the upgrades.		☐	☐

6.2.2 Mandatory Business Requirements

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Graphical User Interface Requirements						
2.1.1.2	**Y**	**M (7)**	The System must provide a web-based application interface for LHD and State.		☐	☐
2.1.1.3	**Y**	**M (7)**	Application usability design must comply with Federal Government Section 508 laws. Under Section 508 (29 U.S.C. '794d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others. The law applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. See http://www.section508.gov/. The State of California requires 508 compliance on State Government websites. See http://www.cio.ca.gov/IOUCARecommendations.html.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.1.1.4	**Y**	**M** (7)	The System must be designed to adhere to web interface and application designs standards and best practices as set forth by the State of California. **Application Standards**: The web-based application design must provide user-friendly, uncluttered data entry screens, easily understood error, edit, and confirmation messages, and user-friendly navigation between functions. The application must be 508 compliant (see Requirement # 2.1.1.3, above). CDHS will provide the vendor with appropriate State of California Department of Health Services application standards and best practices as specified by the CDHS ITSD group. **Website Standards**: While not strictly pertaining to a web-based application (as opposed to a website), website standards are provided here as a point of reference and should be a consideration of the web-based application design. California standards that should be used in the planning of new and redesigned state websites are found at http://www.cio.ca.gov/IOUCARecommendations.html.		☐	☐
2.1.1.5	**Y**	**M** (7)	The System must provide context-specific dynamic forms where only necessary fields appear on the screens. For instance, when reporting a disease, only fields applicable to that disease should be visible.		☐	☐
2.1.1.6	**Y**	**M** (7)	The System must provide the ability to designate all required fields for data entry throughout the application. For users with the appropriate security permission, the System must provide the ability to configure and designate required fields based on defined business rules.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.1.1.8	**Y**	**M (7)**	The web-based CMR form must provide a method of uniquely identifying to the user the entity or domain responsible for that report. This should minimally include prominent identifiers or labels as follows: 1) A short text description about the entity the report will be sent to located in the body "<body></body>" section and at the top (e.g. header) portion of the page. This text can also be a hyperlink that connects the user back to the home page of that jurisdiction where local information (e.g. jurisdiction-specific reportable conditions) will be made available. It should also use a consistent naming convention or style yet to be described (e.g. California CMR: San Joaquin County). 2) This could also include a "breadcrumb" division element within the page such as "California WebCMR > Sacramento County >". 3) An explicit title located in the title "<title></title>" section of the web document describing the same information as in #1 above. This is especially important if the user decides to print the report for hardcopy storage because the title section of a web document persists in the printed page. 4) A jurisdiction logo may be used. It should be optimized to be compliant with application guidelines or a style guide (e.g. appropriate image file type, image dimensions, rules regarding use of image transparency, etc.)		☐	☐
Mandatory Help and User Assistance Requirements						
2.1.2.1	**Y**	**M (7)**	**Help for Provider Level**: The System must provide a provider-specific online Help feature on the Provider Level to assist providers with CMR data entry.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.1.2.2	**Y**	**M** (7)	**Help for form fill-in**: There should be a Help button on each form page. The topic should be sensitive to the page context. There should be a method (click on question number or title) to display field-level help for each question on the form. **Note**: TBCB has standalone Help for RVCT forms (TB Registry Guidelines) in MS Help, HTML Help, and/or PDF formats.		☐	☐
2.1.2.3	**Y**	**M** (7)	**Application Help**: The System must provide online help functionality for all web pages in the application. This Help system (as differentiated from the Form Fill-In Help) should provide general application help, such as how-to and navigation assistance for the user.		☐	☐
2.1.2.7	**Y**	**M** (7)	**Reference Information and links**: The System (including Provider Level) must provide the configurable ability to link to instructional materials for program information, references on procedures, diseases, and other business related materials, including intervention and treatment protocols.			

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory ELR Data Input Requirements						
2.2.1.1	**Y**	**M (7)**	The System must provide the ability to receive, parse and discretely populate all elements contained in unsolicited electronic laboratory report messages that are compliant with the PHIN Health Level Seven (HL7) reference implementation standard. As of the date of this WebCMR Requirements document, this standard is based on HL7 version 2.5. The reference vocabulary for these messages are contained in the PHIN Vocabulary Access and Distribution System or PHIN VADS. In addition, the System must be fully compliant with the functional requirements and process flows detailed in PHIN's Connecting Laboratory System standards for the acceptance of message results for laboratory testing by public health, hospital, clinic, commercial and reference laboratories. The System shall be updated to maintain compliance with published standards as they are enacted.		☐	☐
2.2.1.2	**Y**	**M (7)**	The System must match and link all accepted laboratory reports, whether they are submitted via manual entry or via an unsolicited ELR report, to its associated case when first captured, if such cases exist. If no matching case exists, the system should automatically create a new case and link the lab report to the new case. New system-proposed linkages and cases should be flagged or queued for review by the responsible jurisdiction.		☐	☐
Mandatory Local Health Department and State Data Input Requirements						
2.2.3.1	**Y**	**M (7)**	The System must provide the ability for local health departments and/or the state health department to enter event data into the System including CMR, lab data and disease-specific case form data.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.2	**Y**	**M (7)**	The System must enforce search of person index when attempting to create a new case. If the person already exists (the same person, diagnosis etc), system should indicate that the case exists and display identifying information, including the jurisdiction responsible for that case.		☐	☐
2.2.3.10	**Y**	**M (7)**	The System must provide the ability to add CMRs for a patient reported with multiple conditions on a single CMR, without having to duplicate data entry for each condition.		☐	☐
2.2.3.11	**Y**	**M (7)**	Specific data element issues: • Ability to manually enter a person's age if date of birth is unknown. Field should permit value entry in months, days, and years. The units used should be indicated as discrete values. • Ability to identify provider type (HIV clinic, STD clinic, HMO, PP/FP, etc.) in all provider reports; ability to link provider with provider type based on provider registry table.		☐	☐
2.2.3.12	**Y**	**M (7)**	The System must provide the ability to display/capture common lab test names when manually capturing lab reports, as an alternative to LOINC and SNOMED codes.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.14	**Y**	**M (7)**	For user entry of disease conditions or syndromes of public health interest, the system should display to the user a constrained list of options and limit the availability of free-text entries unless there is a compelling reason, such as when the user needs to report in an ad-hoc fashion, a condition or event that falls outside the scope of current legislation or common practice. The following provides the recommended workflow for entry of such information: 1. The user is first presented with a list that only enumerates reportable diseases and conditions as indicated by current legislation (i.e. Title 17, Section 2500). 2. If the condition of interest is not covered by this value domain, the system would then allow the user to next select from an alternative list with a value set of additional diseases or conditions that are emerging or perhaps locally reportable (e.g. such as methicillin-resistant staphylococcus aureus or respiratory syncytial virus). 3. If this second option was not sufficient, the system would then present to the user a free-text entry option. Because the system would be unable to understand the semantic meaning and sense of urgency of a free-text entry, the system would minimally provide two fields; the first would be a short disease or condition entry option that briefly describes the issue followed by a separate field for a more detailed description or explanation with pertinent findings, notes, contact information, etc. A third option could be an option to assign the acuity or severity about the event being reported.		☐	☐
2.2.3.17	**Y**	**M (7)**	The System must provide the ability to allow forms to be saved before completing/submitting it.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.18	**Y**	**M (7)**	The System must provide the ability to allow a user the choice to save or clear changes to data on a screen.		☐	☐
2.2.3.19	**Y**	**M (7)**	The System must provide the ability to prevent the loss of entered data, such as auto-save functions, alerts to the user if a form is closed without saving, etc.		☐	☐
2.2.3.20	**Y**	**M (7)**	The System must provide action-specific confirmation messages such as “Are you sure you want to delete this record?” System should prompt user when making changes that are irreversible.		☐	☐
2.2.3.21	**Y**	**M (7)**	The System must provide the ability to allow merging the data from different sources (lab, provider) into one report according to rules governing the disease, form, and branch.		☐	☐
2.2.3.22	**Y**	**M (7)**	The System must pre-fill case report/management forms with CMR and lab report data with existing information where appropriate.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.23	**Y**	**M (7)**	The System must perform a range (regarding complexity) of data validation processes. These range from rather simple dynamic client-side data type checking to more complex validation tasks based on business rules as categorized in more granular requirements enumerated below. To do this effectively the application should use a layered validation methodology so that form validation (e.g. web interface client-sided field validation), business rule validation (e.g. rule logic separately maintained in a rules engine) and persistence (e.g. server-sided, state or transaction data persistence) are cleanly separated. This is essential to separate data from application logic and to allow for more efficient and reliable maintenance of rules, centralization of rule logic and to permit the use of separate tools for creation if required. Additionally, client-sided dynamic validation shall remain in compliance with W3C (World Wide Web Consortium) standards and shall not be dependent upon browser specific proprietary technologies (e.g. Microsoft ActiveX).		☐	☐
2.2.3.24	**Y**	**M (7)**	**Meta-validation**: Meta-validation determines if all required data elements have been successfully submitted and that no forbidden data has been included in the submission. The scope may be within a single form or across multiple forms.		☐	☐
2.2.3.25	**Y**	**M (7)**	**Syntactic validation**: This involves form field checks where data types (e.g. text, binary, MIME-type), data structure or pattern (e.g. email address, telephone numbers), data length (e.g. character limit) or data size (e.g. file size) are constrained via a boundary are validated.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.26	**Y**	**M (7)**	**Semantic validation**: This level of validation requires concurrent evaluation of other dependent fields, such as matching gender or age in a demographic form with a specific condition, comparing disease acuity with date of onset, comparing a laboratory observation with the scale, specimen source or methodology expected, or comparing user reported age with date of birth for example.		☐	☐
2.2.3.27	**Y**	**M (7)**	**Domain validation**: Domain validation requires linkage or reference to a knowledge base or other reference that is independent of the form document being validated. Therefore this is ostensibly a method of semantic validation as described above, but in a broader or higher level construct. It requires interaction with domain specific information residing outside the scope or focus of the current form. Examples include the matching of an entered laboratory test with the associated disease condition. This specific test represented on entry may be encoded within a structured vocabulary such as LOINC, but the LOINC code does not match exactly with the expected LOINC code or is not within an enumerated list of codes expected for that condition. To mitigate this, a more complex association of tests to conditions using an entity relationship or ontology, would be leveraged for this level of validation. Therefore validation of values against a value domain or against associations or relationships to values one or more nodes removed from that value domain would be used, but requires a greater level of complexity regarding algorithms, forward or backward chaining logic, a knowledgebase, etc.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.28	**Y**	**M (7)**	The System must provide the following error checking and field validations for forms: **Form Fields**: The forms should have built-in error checking for standard form errors such as verification of character data and format in numeric, alpha, and date fields, as well as form-specific field validations and missing information in required fields as specified in other validation requirements in this section. **Validation Rules**: When the user submits the form (or page if the form is spread over more than one page), the data submitted is validated according to the form validation rules. The application must provide confirmation of success or fail. If fail, error messages must be displayed that inform the user of the error and provide instructions for correcting it. If successful, the next appropriate page in the form creating/edit workflow should be displayed. **Error Messages**: The validation error messages occur when a user is entering data in an online form and an action results in an "error" condition in the field check by the validation engine. Validation error messages must also be provided in the Web Services (or data exchange) report submission response message. Also applies to batch transmission of reports.		☐	☐
Mandatory Data Viewing and Editing Requirements						
2.3.1.1	**Y**	**M (7)**	**View**: For users with the appropriate security permission, the System must provide the ability to view individual case reports and other surveillance reports. The data displayed in the report would depend on the user's sign-on permissions.		☐	☐
2.3.1.2	**Y**	**M (7)**	**Edit**: For users with the appropriate security permission, the System must provide the ability to edit previously entered individual case reports and other surveillance reports. Certain conditions would apply as well as restrictions based on the user's sign-on permissions.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.3.1.3	**Y**	**M (7)**	**Delete**: For users with the appropriate security permission, the System must provide the ability to delete cases.		☐	☐
Mandatory Case Assignment and De-Duplication Requirements						
2.4.1.1	**Y**	**M (7)**	The System must automatically assign CMR reports and lab reports to the correct jurisdiction based on: 1) geocode of the patient's address, 2) patient's City, 3) geocode address of the provider, or 4) provider's City.		☐	☐
2.4.1.2	**Y**	**M (7)**	The System must provide the ability to manually reconcile duplicate reports, cases, and persons.		☐	☐
Mandatory Case Identification and Confirmation Requirements						
2.4.2.1	**Y**	**M (7)**	The System must provide the ability to automatically associate and link multiple disease-specific reports such as CMRs, Case Reports, Lab reports, and field records to an individual case. **IZB criteria**: jurisdiction, disease, last name, first name, gender, date of birth.		☐	☐
2.4.2.2	**Y**	**M (7)**	The System must provide the ability to manually associate and link multiple disease-specific reports such as CMRs, Case Reports, Lab reports, and field records to an individual case.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.2.3	**Y**	**M (7)**	The System must provide the ability to set, modify, and weight criteria for automatically linking disease-specific reports to individual cases. Ability for manual review and modification by LHD of automatic links should be available. For example, the criteria for CMR matching might be: Jurisdiction, disease, last name, first name, sex, DOB, Specimen Collection Date, and Diagnosis Date. **Note**: For less than 100% match, the System will provide the ability for DCDC branches to review and change or add own disease-specific criteria. **TBCB**: TBCB will provide algorithm (based on patient name, jurisdiction, date of birth, sex, status of current TB case (if present), and date of specimen collection) to determine whether a new CMR or ELR should create a new case or be linked to an existing case. LHD should have the ability to manually review, and confirm or reject, the results of the algorithm. **STDCB's matching criteria**: For 100% match, the System will make a comparison if the difference between the Specimen Collection Data and the Diagnosis Date is less than or equal to 31 days. **Diseases**: Chlamydia, Chlamydial PID, Gonorrhea, Gonococcal PID **Incoming report, exact match, and variable**: Lab to Lab - Jurisdiction, disease, last name, first name, sex, - DOB Specimen collection dates within 30 days CMR to CMR - Jurisdiction, disease, last name, first name, sex, - DOB Diagnosis dates within 30 days CMR to Lab - Jurisdiction, disease, last name, first name, sex, - DOB Specimen collection and diagnosis dates within 30 days Lab to Case -Jurisdiction, disease, last name, first name, sex, - DOB Specimen Collection date within 30 days of the specimen collection or diagnosis date found in the case CMR to Case - Jurisdiction, disease, last name, first name, sex, - DOB Diagnosis date within 30 days of the specimen collection or diagnosis date found in the case		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.2.4	**Y**	**M (7)**	The System must provide the ability to associate and link multiple cases (both confirmed or suspect cases) to a single person. Should also be able to link a person to multiple cases.		☐	☐
2.4.2.5	**Y**	**M (7)**	The System must automatically link appropriate forms and task lists to the case based on the specified disease. Programs will provide disease-specific business rules for linking forms and task lists to the case reports.		☐	☐
2.4.2.6	**Y**	**M (7)**	The System must provide the ability to ensure that patient demographic information on a case report form is forever linked to that specific case and cannot be automatically be overwritten by subsequent cases or report forms.		☐	☐
2.4.2.7	**Y**	**M (7)**	The System must provide the ability to identify and record cases which are “epi-linked”.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.2.11	**Y**	**M (7)**	The System must provide the ability to allow assignment of both an LHD and State case confirmation status. If State case status differs from LHD case status, the LHD should be notified. Case status is dependent upon disease-specific case definitions and may include but is not limited to the CDC-provided categories as shown below. System should permit case status to be changed when updated with new information. The System should display categories based on the disease. **Note**: See the **Glossary of Terms**, *Case Classification* entry in this document for status definitions. • Clinically compatible case • Confirmed case • Epidemiologically linked case • Laboratory-confirmed case • Probable case • Supportive or presumptive laboratory results • Suspected case Not on CDC list, but may be useful for Web-CMR: • Unknown • Not classified • Not a case **Note**: These classifications are not generally used for Tuberculosis (see 2.4.2.15 for TB ATS classifications, and 2.4.2.8 for TB validation process (see CDC documentation for Case Verification Criteria in the *TIMS Surveillance Import Utility* in **Appendix C**). **Note**: The laboratory or clinical criteria for a specific disease are defined by CDC in "Case Definitions for Infectious Conditions Under Public Health Surveillance" http://www.cdc.gov/epo/dphsi/casedef/index.htm. For most conditions, a person must meet the case definition to be a countable case. **For additional links, see**: the Glossary entry for *Case Classification* and *Case Definition*.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.2.12	**Y**	**M (7)**	The System must provide the ability to allow change in the LHD investigation status of a case. LHD Investigative Status levels for cases at a minimum would include the following status categories: • Open = State or local health department has received the case • Closed = Activities with this case is completed, It should be able to close the case even if data is missing. Status categories will be established during configuration phase of application implementation.		☐	☐
2.4.2.13	**Y**	**M (7)**	In addition to the LHD investigation status categories identified in business requirement 2.4.2.12 that are configured during application implementation, the system will include a workflow investigation status. This investigation status allows LHD to develop new workflows, or update existing ones, with locally configured status levels for individual programs such as Perinatal Hep-B. The list of workflow status levels is a superset of all the possible workflow steps of interest to all participating LHDs. The superset enables each LHD to select the steps that they want to track.		☐	☐
2.4.2.14	**Y**	**M (7)**	The System must provide the ability to capture information related to closing of case including treatment completion, reason for closing of case, transfer of patient, and administrative closure.		☐	☐
Mandatory Transferring and Sharing of Cases and Contacts Requirements						
2.4.6.1	**Y**	**M (7)**	The System must provide the ability to allow transfer of cases between jurisdictions. When a case is transferred all history should be maintained.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.6.2	**Y**	**M** (7)	The System must provide the ability for the originating jurisdiction to view the original case management reports after reassignment to the destination jurisdiction.		☐	☐
2.4.6.3	**Y**	**M** (7)	The System must provide an acknowledgement of the transfer (reassignment) to the originating jurisdiction. The acknowledgement must provide a confirmation of receipt and acceptance or rejection of the transfer.		☐	☐
2.4.6.4	**Y**	**M** (7)	The System must provide the ability to enter multiple RVCT Follow-up 2s (Case Completion Reports) on TB cases that transfer between jurisdictions prior to treatment completion. The FU2s will be entered by each jurisdiction involved in the care of the patient.		☐	☐
2.4.6.6	**Y**	**M** (7)	The System must provide the ability to share a case between jurisdictions for case management. Primary jurisdiction has read-write capability; secondary jurisdiction has read capability only.		☐	☐
2.4.6.7	**Y**	**M** (7)	The System must provide the ability to assign cases/reports/clients to the correct jurisdiction.		☐	☐
2.4.6.8	**Y**	**M** (7)	The System must provide the ability to allow an originating jurisdiction to reassign case management reports to other (destination) jurisdictions.		☐	☐
Mandatory Search Requirements						
2.7.3.1	**Y**	**M** (7)	The System must provide a Search function with parameters for finding data in the system. Searchable data elements will be based on business rules provided by DCDC, branches, and LHDs. **Note**: Search displays will depend on roles and privileges as defined for the user.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.7.3.2	**Y**	**M (7)**	The System must provide multiple methods for the users to find the case they want to work with in the System. Either via patient searches or via list of cases (*e.g.,*. all cases by disease, all cases with a certain status, all cases assigned to a jurisdiction, all cases assigned to me or my role, all cases with high priority, etc).		☐	☐
2.7.3.3	**Y**	**M (7)**	The System must provide multiple methods to find a contact in the System and access contact information (*e.g.* phone numbers, address etc).		☐	☐
Mandatory Master Indexes Requirements						
2.7.4.1	**Y**	**M (7)**	The System must provide a master index of all persons of interest to avoid duplication.		☐	☐
2.7.4.3	**Y**	**M (7)**	The System must provide a master index of all providers of interest to avoid duplication. System should contain a field for HIPAA National Provider Identifier and use any validity edits available from the National Provider database.		☐	☐
2.7.4.4	**Y**	**M (7)**	The System must provide access to all indexes based on user permissions.		☐	☐
2.7.4.5	**Y**	**M (7)**	The System must provide the ability to perform searches of all indexes on relevant data. System should provide a mechanism to search whether an entity exists, choose from a potential result set, or offer the option to create new entity if no match is found. “Relevant data” for searches will be provided by DCDC and Branches.		☐	☐
2.7.4.6	**Y**	**M (7)**	For users with the appropriate security permission, the System must provide the ability to adjust matching threshold for search criteria matching.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.7.4.7	**Y**	**M (7)**	The System must provide the ability to merge and logical deletion of records in the person, provider and organizational indexes. Merge/logical deletion allows a user to merge duplicate records and designate a primary record in the index. When a record is merged all history and linked information should be retained (e.g. cases, case reports, assignments etc). When purged from the active index, a duplicate record should not be physically deleted but marked inactive and retained for history.		☐	☐
2.7.4.9	**Y**	**M (7)**	The System must provide the ability to automatically match/merge of person records if a defined high level of matching confidence is reached. Similarly, the System should disallow match/merge if a defined low matching confidence level is reached. System should be capable of displaying to the user match candidates to select when the matching confidence level is between the high and low levels. If System finds a conflict, the user will be notified and manual intervention will be permitted.		☐	☐
Mandatory Reports and Queries Requirements						
2.8.1.1	**Y**	**M (7)**	The System must provide the ability to create and print displayed report information in various output formats, including PDF, HTML, RTF, and TXT.		☐	☐
2.8.1.2	**Y**	**M (7)**	The System must provide the ability to report on transactional data with a desirable response time. Some examples include current case counts, clusters of cases, and high risk cases.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.1.4	**Y**	**M (7)**	The System must provide the ability to create and generate pre-defined reports that may or may not include user-defined parameters. (Automated reports are needed of at least the same level as in currently used systems (AVSS, STD morb, etc.). Three types of reports are required: • Transactional real-time (run against the transactional database) • Analytic (run against the warehouse database) • Summary (contains aggregated data fields) **Appendix C** contains a list of required reports for all DCDC Branches. The list shows which reports are run against the transactional database (real-time) and which reports are run against the analytic database (warehouse database). It also shows summary reports that require data aggregates. **Note**: Also see Requirement 1.3.1.13 for information about confidentiality notices on printed reports. Also see Requirements 2.7.1.4 and 2.7.1.5.		☐	☐
2.8.1.5	**N**	**M (7)**	**Local Health Departments Quality Control Report**: The purpose of this report is to view whether submitted data meets Registry Quality Control requirements as specified in TB Registry Quality Control Listings.		☐	☐
2.8.1.6	**N**	**M (7)**	**Provide Local Health Departments Access to Their own Quality Control Reports**: Capability for LHDs to run, view, and print their own QC reports. The LHD Local Administrator would perform this activity.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Mandatory Exports Requirements						
2.8.2.1	**Y**	**M (7)**	The System must provide the ability to export a defined set of data elements for a variety of users, use cases and for consumption by various applications. This includes a flat delimited file structure to readily allow import into common database, spreadsheet, statistic, visualization, analytic and other tools. The default export file structure should be a comma-delimited format, and preferably the system should allow for the dynamic selection or free entry (with validation against a common value set such as a pipe, tilde, tab, etc.) of a delimiter character that best fits the user's needs. It is also recommended that these export files be encoded in UTF-8 (Unicode) to ensure broad interoperability with applications, internet-based protocols and the various operating system file structures. The output files must also include a header row that identifies the column name and the column name should clearly describe the type of content to the typical user. Acronyms or abbreviations in these headers should be avoided. There should also be an associated reference document provided in a package with the export or referenced elsewhere (i.e. as a link) that is current and accurate and describing the file structure, including column names, data types, field size, list of permissible values (if appropriate), associated question test if the data is derived from a form field and preferably the source table. Because these exports may pull data from multiple tables or databases, it would be ideal to identify this source as well. Exportable information includes all data collected on, but not limited to, CMRs, Case Report Forms, end-user defined forms and lab reports. Essentially any data entered in the system should be exportable.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.2.2	**Y**	**M (7)**	The System must provide a graphical user interface (GUI) and methodology to filter data residing in the application database for data export. The GUI would provide selection parameters to customize the export file. Examples of parameters would include, but not be limited to, jurisdiction, disease/condition, form, date ranges or any other range values of a variable, and selection of data elements to include. For example, in the TB RVCT report, All RVCT report variables, including created variables, and State User Defined Fields (UDFs) will be included in the export file (example: MDR-TB would export linked data from ELR and RVCT data sources).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.2.3	**Y**	**M (7)**	The System must provide the ability to export data to XML and XML should be the default method for text based file persistence and export for subsequent conversion to other formats for importing into various applications. These transforms to a specific application XML (e.g. spreadsheet XML) format would support the seamless rendering of the data into a set of applications commonly used by public health personnel and this functionality should be transparent to the user. Although the requirement regarding the minimum expectation of a flat comma delimited file with headers in 2.8.2.1 may involve the direct creation of this file from a database query by a particular solution, it is expected that XML would be the intermediate processing step with continued transformation to this delimited file as well as the other formats described (see below). In other words, the GUI would provide data export options to standard platform and application agnostic structures (e.g. delimited text) as well as export and download to a format readily consumable by a proprietary application. The user would not require intermediate data manipulation or preprocessing steps to import this data in this case, unless the user wished to export and download the source XML file for customized post-processing. Although not inclusive, the minimum expectation is seamless integration into the following proprietary applications: 1) Microsoft Excel 2) Microsoft Access 3) SPSS 4) SAS For data export and transformation, XML files must be well-formed and they must validate against a defined schema. XML Schema should be the default validation mechanism. It is expected that the system support the complete transformation lifecycle or serialization of source XML documents to final output document formats using XSLT file templates or scripts for conversion into common file types such as mentioned above, including screen display as text, XHTML and PDF. Integration of other customized schemas is desirable, however specific transform use cases and scripts will evolve over time and cannot be elucidated in this requirement. Schemas used for validation should be referenced from a single external namespace using a public identifier in the form of a Uniform Resource Identifier (URI) within the root element so that changes or updates required to modify the schema is universal and does not require changes to each XML file if the schema is embedded within each file. This full exposure also allows CDHS program and adjunct staff to readily access these schemas so they be used to write transforms according to future requirements (e.g. new PDF forms or HL7 clinical document formats).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.2.4	**Y**	**M (7)**	The System must provide the ability for users to define (filter) criteria for data export. The user should be able to save defined export template(s).		☐	☐
Mandatory Printing Requirements						
2.8.3.1	**Y**	**M (7)**	The System must provide the ability to for a Provider to print the CMR they have entered. System should provide the following abilities for the provider to: • Print to printer (A "print-friendly" option will be available [see definition in the Glossary in this document]) • Save to file The artifact created from either procedure should contain the following two items: • Status of the document (e.g. "successfully submitted", "transaction completed", "pending", etc.) • A Unique Identification (UID) or confirmation code shall be bound to the submitted CMR report and can be used for tracking. This provides a non-repudiation method that can be retained by the party who submitted the CMR. • A confidentiality statement must also be displayed on the printed CMR (See Requirement 1.3.1.13.)		☐	☐
2.8.3.2	**Y**	**M (7)**	The System must provide the ability to print displayed forms and reports. A "print-friendly" option must be available for printing forms and reports.		☐	☐
2.8.3.3	**Y**	**M (7)**	The System must provide the ability to print to PDF and TXT formats at a minimum. Additionally, printing to ODF and RTF formats would be desirable.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.3.4	**Y**	**M (7)**	The System must provide the ability to print a subset or all attachments associated with a case. At minimum, there would be a *comment* or *annotation* field attached to the file by the user who uploads the attachment. The user would be directed to provide sufficient details to identify and describe the source document. Data type would be ASCII text with some character limit (e.g. 255). Filenames are insufficient. The system should provide text to assist the user in creating/using intuitive file names. The system would keep track of issue dates (e.g. timestamp when uploaded or added to the system). NOTE: Refer to 2.2.2.3. For attachment metadata requirements.		☐	☐
Mandatory Alerts Requirements						
2.8.4.1	**Y**	**M (7)**	For users with the appropriate security permission, the System must provide the ability to configure and maintain criteria to identify unusual or dangerous occurrences of disease conditions based on case counts. The configurable criteria should include the disease condition, case classification, case count, time interval, and region/jurisdiction (e.g. 50 confirmed cases of hepatitis A in a 6-day interval in the Sacramento Region (4 adjacent counties)). Alerts may be designated for delivery to specified roles as maintained in the HAN public health directory (e.g. epidemiologists, TB controllers, county health officers). The system will monitor case activity and raise alerts or notifications on the basis of these configured alerting criteria. The system will allow configuration of periodicity of alerts.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.4.2	**Y**	**M (7)**	The System must provide the ability to construct and pass role-based alerts to an external Health Alert Network (HAN) for distribution to local and state users registered in the HAN's California public health directory, which maintains the contact information and roles for individuals. Alerts may be formatted according to PHIN Communication and Alerting Protocol (CAP) implementation guidance or according to negotiated interfaces with California HAN receivers. The alerts passed to the HAN may be directed to specific jurisdictions and/or roles.		☐	☐
2.8.4.3	**Y**	**M (7)**	The System must provide the ability to recognize potential bioterrorism (BT) agents and other high-risk agents in in-coming lab report data (based on a user-defined list of agents), construct alerts to the affected jurisdiction(s) and programs based on the lab report data, and electronically transmit the BT alerts to an external HAN environment for distribution to designated roles (e.g. BT coordinators). **TB Note**: The presence of MDR-TB qualifies as a notification condition of TB – to both LHD and state. **IZB Note**: The presence of Smallpox qualifies as a notification condition.		☐	☐

6.4 Desirable and Optional Technical Requirements

Bidders must complete the tables contained with this Section, and include these in Volume 1 of the proposal, as indicated in ***Section 7*: Proposal and Bid Format**. Bidders must not edit or re-type any of the information contained within the tables – any attempt to do so will be considered an attempt to mislead the State, and will be handled in accordance with Section 2.3.4.4. **BIDDERS' RESPONSES MUST BE BASED ON SOLUTIONS THAT MEET THE CUSTOMER IN-USE REQUIREMENT (AR5), AND HAVE BEEN IN PRODUCTIVE USE 6 MONTHS OR LONGER PRIOR TO PROPOSAL SUBMISSION.** For each requirement in this section, the Bidder must check "**Yes**" indicating compliance with the requirement, or "**No**" indicating non-compliance with the requirement. A succinct explanation of how each requirement can or cannot be met must be included in the response for each requirement. Bidders must also indicate whether the system currently meets the requirement or if the system must be modified to meet the requirement. The Evaluation Team will review Bidder's responses to each desirable requirement and will award a score to each response. Desirable Requirements are marked with a Type "**D**", and Optional Requirements are marked with a Type "**O**". If a Bidder does not respond or does not adequately respond to a requirement, the Bidder will not be awarded any points for that requirement. Each of the Desirable and Optional Requirements that are required for the Proof of Concept (Demonstration) *if the Bidder checks "**Yes**" to indicate compliance with the requirement*, is indicated with a "**Y**" in the "Demo" column. As described in ***Section 10*: Proof of Concept (POC) Demonstration**, Bidders must be prepared to demonstrate to the Evaluation Team how the Bidder's proposed solution meets the indicated requirements. Please refer to **Appendix A**: **Web-CMR Technical and Business Requirements** for additional information and clarification on the requirements contained within this Section.

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Infrastructure Requirements						
1.1.1.1	**Y**	**D (6)**	The System must be web-based with minimal client installations required. If any part of the System is not web-based or requires additional client installations describe these in detail and what types of installations they require.		☐	☐
1.1.1.2	**Y**	**D (6)**	The System must provide the ability to enforce the use of PHIN and CalPHIN concepts, value sets, and code systems for specified variables.		☐	☐
1.1.1.3	**Y**	**D (6)**	The System must use PHIN vocabulary standards for data interchange according to PHIN messaging specifications.		☐	☐
1.1.1.4	**Y**	**D (6)**	The System must be compatible with all Windows Internet Explorer versions 6.0 and other commonly used browsers. List all browsers and versions that are supported. Describe any changes beyond the default installation of the browser that are necessary.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.1.1.5	**Y**	**D (6)**	The Application server/web server layers must run on the current ITSD standards (currently, Microsoft Windows 2003) Server. Vendors must indicate all supported application/web servers and version numbers in bid response.		☐	☐
1.1.1.6	**Y**	**D (6)**	The Application must utilize N-tier design: presentation, application, and data layers. Each layer is physically separated by firewall segments.		☐	☐
1.1.1.7	**N**	**D (6)**	The System must use standard firewall ports to communicate between the zones.		☐	☐
1.1.1.8	**Y**	**D (6)**	The entire Application must utilize Microsoft .Net technologies.		☐	☐
Database Requirements						
1.2.1.1	**Y**	**D (6)**	The System must use Microsoft SQL Server 2000 or 2005 as its database engine to adhere to the CDHS-ITSD-DTS platform standards.		☐	☐
1.2.1.2	**N**	**D (6)**	The System must retain transactional data for a minimum of 5 years after case is closed as required by program needs (PMT to identify specific disease(s)). Must have online access to data (legacy + current). System performance for the transactional database must adhere to limitations specified under Application Infrastructure Requirements.		☐	☐
1.2.1.3	**N**	**D (6)**	The System must indefinitely retain all data for use by programs.		☐	☐
1.2.1.4	**Y**	**D (6)**	The System must provide the ability to accept, store, and reproduce all the PHIN messages as specified in the PHIN key performance measures without losing semantic integrity. (http://www.cdc.gov/phin)		☐	☐
1.2.1.5	**Y**	**D (6)**	The System variables must be stored in tables accessible and maintainable by a CDHS system administrator via the application.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
PHIN Requirements						
1.2.2.1	**N**	**O** (1)	It is desirable that the system support the relevant PHIN EED, CFC, and CLS functional requirements as California intends to meet as many of these requirements as possible through the acquisition of Web-CMR and expects the vendor selected to move towards full certification of its system in these particular areas as the CDC guidance evolves.		☐	☐
Log Requirements						
1.2.4.4	**N**	**D** (6)	The System must provide exception reports and/or alerts based on events and/or patterns in system access logs as defined by business rules.		☐	☐
1.2.4.5	**N**	**D** (6)	The System must provide logs that enable auditing of report, form, and case linking.		☐	☐
Security Requirements						
1.3.1.8	**Y**	**D** (6)	The System must provide a time-stamped warning message to the user prior to a session timeout. The warning message will occur in sufficient time to offer the user an opportunity to continue the session without disruption. The warning message must display the approximate time remaining before the session timeout as appropriate. For example: "**Notice**: No activity has been detected for XX minutes. Your current Web-CMR session will timeout in approximately 10 minutes, please save your work.").		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.3.1.12	**Y**	**D (6)**	The Privacy Notice Agreement popup dialogs shown below should appear when the following actions occur: **At Log in**: When the user logs into the system, the following text should appear on a popup dialog: *Information contained on this site which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).* *This information is restricted to the use of the intended user. Unauthorized or improper use of this information may result in administrative disciplinary action and/or civil and criminal penalties. By receipt of this information you indicate your awareness of and consent to these terms and conditions of use.* **When using data**: when the user attempts to generate, export, transmit, or print all data containing confidential patient names and/or other identifiers. Note that this data can only be exported or viewed by role permission at the LHD and State level. *Information contained on this form which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).* *The information included in this report is restricted to the use of the intended recipient. Unauthorized or improper use of this information may result in administrative disciplinary action and/or civil and criminal penalties. By receipt of this information you indicate your awareness of and consent to these terms and conditions of use.*		☐	☐
Application Infrastructure Requirements						
1.4.1.13	**N**	**O (1)**	The System must provide the ability to support mobile users. Describe supported devices, supported business functions, technical specifications, etc. If the system does not currently have this functionality, describe the future plans in this area, including potential timeline.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Data Exchange/System Interface						
1.5.1.1	**Y**	**D (6)**	The System must provide the ability to electronically transfer data (information) to CDC through NETSS until PHIN compliant mechanisms become available, at such time the system should support NEDSS reporting. http://www.cdc.gov/phin/kpm/KPM_RSv1.0.pdf		☐	☐
1.5.1.2	**N**	**D (6)**	**Transmit TB Data to the State and to the CDC**: The System must provide the ability for the State TB Case Registry Administrator to transmit required TB Surveillance data to the Centers for Disease Control and Prevention (CDC). Transmittal of data would first be by upload to the current TIMS system, and in later development to the TB Program Area Module (TB PAM) when it becomes available.		☐	☐
1.5.1.3	**N**	**D (6)**	For transmission of CDC mandated TB data (RVCT), the System must provide the ability to flag data transmission to ensure Web-CMR and CDC synchronization. Specifically, for CDC bound data, a transfer flag should be tripped when 1) a new record is entered, 2) an edit of an existing record happens, or 3) a deletion of an existing record happens. This flag could record N (=New), E (=edited), D (=deleted) or null, null meaning no information to be transferred. The System must provide the ability to additionally flag, when a record is transmitted for one of the three reasons mentioned above, to record receipt of an acknowledgment from the CDC system signifying that the CDC system indeed received the transfer.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.5.1.4	**Y**	**D (6)**	The System must provide the ability to send and receive messages to support investigation and outbreak management (OM) for identified suspect cases, providing the data needed to identify affected persons and their exposure levels, as well as to enable case management and exposure contact tracing (Early Event Detection PHIN Certification Functional Requirement 2.10.2.1) **Note**: If necessary can deploy system without this requirement, but vendor should work towards fulfilling this PHIN requirement.		☐	☐
1.5.1.5	**N**	**O (1)**	External systems (users and/or applications) should be able to make data queries as well as data submission operations.		☐	☐
1.5.1.6	**N**	**O (1)**	The System must provide the ability to interface with electronic health records systems such as Kaiser and other large providers. If this is not currently supported, please include plans for future development.		☐	☐
1.5.1.7	**N**	**D (6)**	For TB, the System must provide the ability to: ▪ Receive electronic uploads of the *Class B Report on Alien with Tuberculosis CDC 75.17* and *Report of Sentinel Event forms*. ▪ Receive electronic uploads of B-Notification data from CDC's Information on Migrating Populations (IMP) database ▪ Interface with—or at minimum have a URL link—with the CDC's Electronic Disease Network (EDN) once operational.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Integration Requirements						
1.6.1.1	**Y**	**D (6)**	**CMR and Lab Report forwarding:** The System must provide the ability to recognize CMRs and Lab Reports (manually entered or electronically received) that properly belong to a non-participating jurisdiction (NPJ), and forward them electronically to the correct NPJ by messaging (to those NPJ's capable of receiving HL7 messages) or via automated fax server (to those NPJ's unable to receive HL7 messages.) Note: For information about the Electronic Laboratory Reporting project, please see *ELR-Business-Requirements.doc*.		☐	☐
1.6.1.2	**N**	**D (6)**	**CMR receiving**: The System must provide the ability to receive CMR messages forwarded from separate NPJ systems utilizing current PHIN/CalPHIN message specifications.		☐	☐
1.6.1.3	**N**	**D (6)**	**Case investigation transfers:** The System must provide the ability to support the transfer of in-progress case investigations/case files (and related case responsibility) to separate systems capable of receiving such transfers electronically, by Fax, or other mechanism. The System must provide the ability to receive the standard case investigation transfer format.		☐	☐
1.6.1.4	**N**	**D (6)**	**Contact investigation transfers:** The System must provide the ability to support the delegation of a contact investigation to a separate NPJ system capable of receiving such transfers electronically, by Fax, or other mechanism. The system shall also be capable of receiving the standard contact investigation transfer format.		☐	☐
1.6.1.5	**N**	**D (6)**	**Transfer acceptance notifications:** The System must provide the ability to inform the originating jurisdiction when the transferred data has been received by the destination LHD and responsibility for the transferred case/contact investigation has been accepted.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.6.1.6	**N**	**O** (1)	**Post-transfer information forwarding:** When the system receives additional information for a case that has already been transferred, that information should be forwarded to the new jurisdiction. The System must provide the ability to notify the new jurisdiction that additional information has been received.		☐	☐
1.6.1.7	**N**	**D** (6)	**Case/contact investigation sharing:** The System must provide the ability to support sending case/contact investigation information to separate NPJ systems for informational/sharing purposes only (i.e. responsibility for the investigation remains with the sending jurisdiction.) Should also be able to send within system.		☐	☐
1.6.1.8	**Y**	**D** (6)	**Local-to-State case reports**: The System must provide the ability to receive provisional case reports (from separate NPJ systems) for cases still under investigation (for aberration detection), and receive updates, and final case reports (for review and counting) utilizing current PHIN/CalPHIN message specifications.		☐	☐
1.6.1.9	**N**	**D** (6)	**State-to-Local case report feedback:** The System must provide the ability to provide feedback to NPJ systems when certain conditions are or are not met (example incomplete information or inconsistent with case definition)—whether triggered automatically by logic process or manually by a state case reviewer.		☐	☐
1.6.1.10	**N**	**D** (6)	**Inter-jurisdictional outbreak report:** The System must provide the ability to inform another (State or local) jurisdiction of a suspected or confirmed outbreak, including high-level summary information such as the number of cases and the data range of the outbreak.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.6.1.11	**N**	**D (6)**	**Enable external interaction with Master Person Index:** The System must provide appropriate interfacing to allow all jurisdictions (participating or not) to access a statewide MPI. Access to include functions for searching for existing entries, viewing likely matches, selecting a match or submitting a new person addition request and retrieving the centrally assigned identifier for inclusion in case messages such as Local-to-State case report s.		☐	☐
1.6.1.12	**Y**	**D (6)**	**Audit Log:** The System must be able to audit any forwarded CMRs, Lab Reports, and transferred case reports to NPJs. (Status assignment for transfers will be “Transfer”.)		☐	☐
Training Requirements						
1.8.1.1	**N**	**D (6)**	Vendor must provide initial training for technical support staff to include system administrators, data analysts, and infrastructure support staff. Describe how this training would be conducted; include number and length of training sessions, number of people in each session, and description of materials provided.		☐	☐
1.8.1.2	**N**	**D (6)**	Vendor must provide initial training for help desk and trainers include help desk support staff, trainers, and system administrators. Describe how this training would be conducted; include number and length of training sessions, number of people in each session, and description of materials provided.		☐	☐
1.8.1.3	**Y**	**D (6)**	Vendor to provide end-user training materials, including web-based and online self-paced modules (e-learning instructional designs and formats) based on CDHS’ workflow and business needs. Describe what types of material you provide, in what format and media types. Include target audience for each material listed. To include hard copy reference materials, CD and/or other electronic format.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
1.8.1.4	**Y**	**D (6)**	Vendor to allow the State to customize the training materials. Describe in what way we would be able to customize the material and what types of materials we would be able to customize.		☐	☐
1.8.1.5	**N**	**D (6)**	Vendor must provide knowledge transfer training for technical support staff to include system administrators during the installation and configuration phases of the implementation. This knowledge transfer session must cover the installation of software and configuration of web-forms. Describe how this knowledge transfer would occur; include number and length of sessions, number of people in each session, and description of materials provided.		☐	☐
Data Conversion Requirements						
1.9.1.1	**N**	**D (6)**	Vendor will develop migration plan for DCDC and branches/programs and Local Health Departments and will migrate required data into system based on branch mapping guidelines.		☐	☐

<table>
<tr><th>#</th><th>Demo</th><th>Type (Pts)</th><th>Requirement</th><th>Provide a succinct explanation of how each requirement can or cannot be met
Indicate if the solution currently meets the requirement or must be modified</th><th colspan="2">Compliance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>YES</td><td>NO</td></tr>
<tr><td>1.9.1.2</td><td>N</td><td>D
(6)</td><td>
Existing TB Databases: Must be able to migrate TIMS legacy data from TIMS local and state systems into new Web-based application database. Mandatory to include TB legacy data 1993 to current (post-TIMS). Desirable to include TB legacy data 1985 to 1992 (pre-TIMS). Must also include TIMS User-defined-Fields data from the TBCB Registry and LHDs with local TIMS systems.
TBCB needs migration of approximately 50,000 TIMS records (and preferably an additional 34,000 records for the 1985-1992 periods.
TBCB requires that existing TB data from the following databases be migrated:
<table>
<tr><th>Record Categories</th><th>Database</th><th># of Records</th></tr>
<tr><td>RVCT</td><td>TIMS</td><td>50,000</td></tr>
<tr><td>A/B-Notification</td><td>ACCESS</td><td>30,000</td></tr>
<tr><td>ARPE</td><td>ACCESS</td><td>800</td></tr>
<tr><td>MDR-TB</td><td>ACCESS</td><td>400</td></tr>
<tr><td>Genotyping</td><td>ACCESS</td><td>3,500</td></tr>
<tr><td>Other Registry dbs (e.g.: moved cases)</td><td>ACCESS</td><td>8,000</td></tr>
<tr><td>Legacy data for patients with multiple FU-2 will be migrated and linked with surveillance data for that case.</td><td></td><td></td></tr>
<tr><td>LHD migration of UDFs: LHDs should be able to migrate their local User Defined Fields (UDFs) into the RVCT form. The RVCT form will contain an additional section at the end of the form for local UDFs.</td><td></td><td></td></tr>
</table>
</td><td></td><td>☐</td><td>☐</td></tr>
</table>

<table>
<tr><th>#</th><th>Demo</th><th>Type (Pts)</th><th>Requirement</th><th>Provide a succinct explanation of how each requirement can or cannot be met
Indicate if the solution currently meets the requirement or must be modified</th><th colspan="2">Compliance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>YES</td><td>NO</td></tr>
<tr><td>1.9.1.3</td><td>N</td><td>D
(6)</td><td>Existing Vaccine-preventable Disease databases: Must be able to migrate IZB legacy data from the following databases:
<table>
<tr><th>Record Categories</th><th>Database</th><th># of Records</th></tr>
<tr><td>Pertussis</td><td>SAS</td><td>18,000</td></tr>
<tr><td>Measles</td><td>SAS</td><td>21,000</td></tr>
<tr><td>Rubella</td><td>SAS</td><td></td></tr>
<tr><td>Invasive Haemophilus influenzae</td><td>SAS/Access</td><td>3,200</td></tr>
<tr><td>Tetanus</td><td>SAS</td><td>200</td></tr>
<tr><td>Acute Hepatitis B</td><td>SAS</td><td>25,000</td></tr>
<tr><td>Hepatitis A</td><td>SAS</td><td>70,000</td></tr>
<tr><td>Perinatal Hepatitis B (cases)</td><td>SAS/Excel</td><td>750</td></tr>
<tr><td>Meningococcal disease</td><td>SAS/Access</td><td></td></tr>
<tr><td>Varicella deaths</td><td>Excel</td><td></td></tr>
<tr><td>Varicella (hospitalized cases)</td><td>Excel</td><td></td></tr>
<tr><td>Mumps</td><td>Access/Excel</td><td>2,700</td></tr>
<tr><td>Perinatal Hep B case management</td><td>SAS</td><td>65,000</td></tr>
<tr><td>Diphtheria</td><td>Excel</td><td></td></tr>
<tr><td>Poliomyelitis</td><td>Excel</td><td></td></tr>
<tr><td>Chronic Hepatitis B registry</td><td>TBD</td><td>(100,000)</td></tr>
</table></td><td></td><td>☐</td><td>☐</td></tr>
</table>

<table>
<tr><th>#</th><th>Demo</th><th>Type
(Pts)</th><th>Requirement</th><th>Provide a succinct explanation of how each requirement can or cannot be met
Indicate if the solution currently meets the requirement or must be modified</th><th colspan="2">Compliance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>YES</td><td>NO</td></tr>
<tr><td>1.9.1.4</td><td>N</td><td>D
(6)</td><td>Existing STD Databases: Must be able to migrate STD legacy data from the following databases:
<table>
<tr><th>Record Categories</th><th>Database</th><th># of Records</th></tr>
<tr><td>CA STD Morb (line list and summary case data files)</td><td>EpiInfo</td><td>Line list – 1,306,000
Summary – 49,107 records for 873,907 cases</td></tr>
<tr><td>CA Syphilis IR</td><td>EpiInfo</td><td>14,000</td></tr>
<tr><td>CDC Field Record</td><td>EpiInfo</td><td>Demographics – 116,000
Disposition – 120,000</td></tr>
<tr><td>Syphilis Reactor</td><td>EpiInfo</td><td>Demographics – 125,000
Tests – 283,000 records with 1-2 tests per record</td></tr>
<tr><td>CA Congenital Syphilis Worksheet</td><td>EpiInfo</td><td>3,300</td></tr>
<tr><td>CDC Congenital Syphilis Case Investigation Report</td><td>EpiInfo</td><td>4,100</td></tr>
<tr><td>CA LGV Suspected Case Form</td><td>MS Access</td><td>160</td></tr>
</table></td><td></td><td>☐</td><td>☐</td></tr>
</table>

<table>
<tr>
<td>1.9.1.5</td>
<td>N</td>
<td>D
(6)</td>
<td>IDB existing data conversion categories and approximate number of records to migrate to analytical data warehouse:
<table>
<tr><th>Record Categories</th><th># of Records</th></tr>
<tr><td>IDB1: are conditions specifically listed on the WMPR which are not handled by other Branches, excluding chronic hep c (approximately 61 categories).</td><td>525,000</td></tr>
<tr><td>IDB2: other 17CCR2500 conditions managed by IDB (approximately 24 additional categories).</td><td>15,000</td></tr>
<tr><td>IDB3: Chronic Hepatitis C (or earlier chronic Non-A, Non-B reports) for the purposes of creating a registry.</td><td>350,000</td></tr>
</table></td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1.9.1.6</td>
<td>N</td>
<td>O
(1)</td>
<td>Existing Animal Rabies Database to analytical data warehouse.</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1.9.1.7</td>
<td>N</td>
<td>O
(1)</td>
<td>Existing Food borne Disease Outbreak Database to analytical data warehouse.</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1.9.1.8</td>
<td>N</td>
<td>D
(6)</td>
<td>Existing General morbidity database to analytical data warehouse.</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1.9.1.9</td>
<td>N</td>
<td>D
(6)</td>
<td>Existing Local disease reporting databases to analytical data warehouse.</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</table>

6.5 Desirable and Optional Business Requirements

Bidders must complete the tables contained with this Section, and include these in Volume 1 of the proposal, as indicated in ***Section 7*: Proposal and Bid Format**. Bidders must not edit or re-type any of the information contained within the tables – any attempt to do so will be considered an attempt to mislead the State, and will be handled in accordance with Section 2.3.4.4. **BIDDERS' RESPONSES MUST BE BASED ON SOLUTIONS THAT MEET THE CUSTOMER IN-USE REQUIREMENT (AR5), AND HAVE BEEN IN PRODUCTIVE USE 6 MONTHS OR LONGER PRIOR TO PROPOSAL SUBMISSION.** For each requirement in this section, the Bidder must check "**Yes**" indicating compliance with the requirement, or "**No**" indicating non-compliance with the requirement. A succinct explanation of how each requirement can or cannot be met must be included in the response for each requirement. Bidders must also indicate whether the system currently meets the requirement or if the system must be modified to meet the requirement. The Evaluation Team will review Bidder's responses to each desirable requirement and will award a score to each response. Desirable Requirements are marked with a Type "**D**", and Optional Requirements are marked with a Type "**O**". If a Bidder does not respond or does not adequately respond to a requirement, the Bidder will not be awarded any points for that requirement. Each of the Desirable and Optional Requirements that are required for the Proof of Concept (Demonstration) *if the Bidder checks "**Yes**" to indicate compliance with the requirement*, is indicated with a "**Y**" in the "Demo" column. As described in ***Section 10*: Proof of Concept (POC) Demonstration**, Bidders must be prepared to demonstrate to the Evaluation Team how the Bidder's proposed solution meets the indicated requirements. Please refer to **Appendix A**: **Web-CMR Technical and Business Requirements** and **Appendix B: Business Requirement Workflows** for additional information and clarification on the requirements contained within this Section.

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Graphical User Interface Requirements						
2.1.1.1	**Y**	**D (3)**	The System must provide a web interface ("Provider Portal") that is separate from the State/LHD web interface for providers to manually enter new *California CMR reports* into the System. The interface must be specifically targeted to the providers and must be simple, intuitive, and convenient. 2FA is not required for provider login.		☐	☐
2.1.1.7	**Y**	**O (1)**	Electronic forms must have standard state-of-the-art "look and feel" on the Web page to support ease of data entry, data retrieval, and data updating/correction. CDHS will provide the vendor with appropriate State of California Department of Health Services application standards and best practices as specified by the CDHS ITSD group. Also see requirements 2.1.1.3 and 2.1.1.4.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Help and User Assistance Requirements						
2.1.2.4	**Y**	**D** (3)	**Context-sensitive Help**: The System must provide context-sensitive help functionality		☐	☐
2.1.2.5	**Y**	**D** (3)	**Administrator Help**: The System must provide a specialized Help system for State and LHD Administrators (how to add users, modify user information, change passwords, run administrative reports, etc.).		☐	☐
2.1.2.6	**N**	**O** (1)	**Help configurable**: The System must allow for help topics to be configurable. Describe how the System help can be configurable, to what level, and by whom (vendor or CDHS Administrator).		☐	☐
Provider Data Input Requirements						
2.2.2.1	**Y**	**D** (3)	The System CMR entry form fields should closely resemble the current version of the California CMR form at the time of application release. The vendor should provide a prototype of the form for approval by the CDHS. The form should be intuitive and easy to use. It could incorporate controls such as tabs, buttons, menus, toolbars, and icons.		☐	☐
2.2.2.2	**Y**	**D** (3)	The disease identifier should be standardized for notifiable diseases in alphabetical order with sub-groups (nested sort) for specific diseases. The “drop-down” list of reportable conditions should be designed to be easy and intuitive, based on ITSD standards, for providers or their representatives to use, including in particular listing conditions by logical disease group rather than strictly alphabetically—for example “primary syphilis”, “secondary syphilis”, “latent syphilis“, and “syphilis – unknown stage” should all be listed under “syphilis”, not alphabetically under “p”, “s”, “l” , and “s” etc.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.2.3	**Y**	**D (3)**	For user entry of disease conditions or syndromes of public health interest, the system should display to the user a constrained list of options and limit the availability of free-text entries unless there is a compelling reason, such as when the user needs to report in an ad-hoc fashion, a condition or event that falls outside the scope of current legislation or common practice. The following provides the recommended workflow for entry of such information: ▪ The user is first presented with a list that only enumerates reportable diseases and conditions as indicated by current legislation (i.e. Title 17, Section 2500). ▪ If the condition of interest is not covered by this value domain, the system would then allow the user to next select from an alternative list with a value set of additional diseases or conditions that are emerging or perhaps locally reportable (e.g. such as methicillin-resistant staphylococcus aureus or respiratory syncytial virus). ▪ If this second option was not sufficient, the system would then present to the user a free-text entry option. Because the system would be unable to understand the semantic meaning and sense of urgency of a free-text entry, the system would minimally provide two fields; the first would be a short disease or condition entry option that briefly describes the issue followed by a separate field for a more detailed description or explanation with pertinent findings, notes, contact information, etc. A third option could be an option to assign the acuity or severity about the event being reported.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.2.4	**Y**	**D (3)**	The System must provide the ability for providers and reporters to add/attach electronic documents to a CMR report, including Lab reports. The System should provide (Level 2) additional metadata elements for attachments as *options*. These metadata elements would be based on a published document metadata standard such as Dublin Core (DCMI). Suggested DCMI terms for inclusion are: • *Title* • *Identifier* (a UID auto generated by the system) • *Relation* (reference to source CMR) • *Format* (data or MIME type such as "jpg", "PDF") • *Description* • *Date Issued* (auto generated) The system should then index the CMR and attachment based on this metadata so it may be more readily searched or queried.		☐	☐
2.2.2.5	**Y**	**D (3)**	The System to incorporate business rules for form validation for providers without having to interact with the 2FA. This will include error checks such as: • Valid value for variables • Mandatory variables • Consistency across variables • Date sequence		☐	☐
2.2.2.6	**Y**	**D (3)**	The System must record the date and time original case notification from healthcare provider was submitted to LHD through CMR completed online (critical). This date should be available in the database for export and report display.		☐	☐
2.2.2.7	**Y**	**D (3)**	The System must assign a unique ID number for each CMR submitted.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.2.8	**Y**	**D** (3)	The System must provide confirmation of successful submission of reports and display the system-assigned unique ID number for the CMR and the assigned jurisdiction.		☐	☐
2.2.2.9	**N**	**O** (1)	The System must provide the ability to create multiple reports if two or more conditions are reported on a single CMR, without having to duplicate data entry for each condition.		☐	☐
2.2.2.10	**Y**	**D** (3)	Specific data element issues: • Ability to manually enter a person's age if date of birth is unknown. Field should permit value entry in months, days, and years. The units used should be indicated as discrete values. • Ability to identify provider type (HIV clinic, STD clinic, HMO, PP/FP, etc.) in all provider reports; ability to link provider with provider type based on provider registry table.		☐	☐
2.2.2.11	**Y**	**D** (3)	The System must provide the ability to display/capture common lab test names when manually capturing lab reports, as an alternative to LOINC and SNOMED codes.		☐	☐
2.2.2.12	**N**	**O** (1)	The System must provide the ability for providers with the appropriate authentications and permissions to do the following: • Location of existing/previously entered reports • Viewing of reports submitted by lab and providers for their associated patients. • Printing of reports and update these. • Find and read information about what to report and when. • Some provider functions may require secure access that extends beyond a simple sign-on. •		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Local Health Department and State Data Input Requirements						
2.2.3.3	**Y**	**D (3)**	The WYSIWYG appearance of electronic forms on the Web page should be congruent with paper versions of forms. The general order within a section must be the same as the paper form.		☐	☐
2.2.3.4	**Y**	**D (3)**	**List of IZB Case Report Forms** • Congenital Rubella Syndrome (CDC 71.17) • Diphtheria (DHS 8579, revised 01/99) • Haemophilus influenzae, invasive disease (DHS-PM 401) • Hepatitis A, Acute (CDC form and DHS 8556) • Hepatitis B, Acute (CDC form) • Hepatitis B, Perinatal (CDC form) • Measles/Rubeola (DHS 8345) • Meningococcal Infections (DHS 8469) • Mumps (DHS 8690) • Perinatal Hepatitis B Case Management Report Form (DHS 8546) • **Pertussis (DHS 8258) [DEMO**] • Poliomyelitis (DHS 8421) • Rubella (German Measles) (PM 358) • Tetanus (CDC Appendix 18 – to be revised in 2007) • Other outbreaks (DHS 8554) = used by all programs • Varicella (Chickenpox) (DHS 8299 and CDC form) • Varicella Death (CDC)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.5	**Y**	**D (3)**	**List of IZB forms for collecting additional information in special situations** (outbreak forms; contact management forms; disease-specific questionnaires for food borne hepatitis A outbreak, CRS case, etc.) • Pertussis death worksheet (CDC) • Tetanus – Illegal drug use questionnaire • Food borne outbreak questionnaire for hepatitis A (to be developed) • School measles outbreak control school audit form • School measles outbreak control summary of school immunization record audit • **Contact follow-up sheet for meningococcal disease (DHS) [DEMO]** • Contact follow-up sheet for pertussis (to be developed) • Contact follow-up sheet for measles (DHS 8345) • Contact follow-up sheet for varicella (to be developed) • Contact follow-up sheet for rubella (PM 358) • Congenital rubella syndrome maternal questionnaire (DHS) • Congenital rubella syndrome chart review form (DHS) • DASH laboratory form (CDC) • Smallpox forms (CDC)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.6	**Y**	**D (3)**	**List of STD Required Forms**: • **California Syphilis Interview Record (CA IR V23 – 2/14/2005) [DEMO]** • CDC Field Record (CDC 73.2936S Rev 5/01) • Gonorrhea Case Investigation Record (GC IR V2 – 12/2006) • Congenital Syphilis Case Investigation Worksheet (Rev 1/2004) • CDC Congenital Syphilis (CS) Case Investigation and Report (CDC 73.126 Rev 10-2003) • California Neurosyphilis Case Investigation Form (CA Neuro V1.5 –2/2007) • CDC/California Lymphogranuloma Venereum (LGV) Suspected Case Report Form (CDC/CA LGV V4 – 2/7/2005)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.7	**Y**	**D (3)**	**List of IDB Forms** ▪ Anthrax ▪ Botulism ▪ Brucellosis ▪ **E.coli 0157 [DEMO]** ▪ Food borne Outbreak form ▪ Hepatitis C ▪ Legionellosis ▪ Lyme Disease ▪ Qfever ▪ Salmonellosis ▪ Tularemia ▪ Typhoid Fever ▪ Typhoid Carrier ▪ Unusual Disease Form ▪ Vibrio / Cholera ▪ WNV ▪ General Outbreak - Norovirus 1 ▪ General Outbreak - Norovirus 2 ▪ General Outbreak - Respiratory 1 ▪ General Outbreak - Respiratory 2 ▪ General Outbreak - Other disease ▪ General Outbreak - Healthcare Facility ▪ Hantavirus ▪ Leptospirosis ▪ Listeriosis ▪ Malaria ▪ Plague ▪ Rabies - Human ▪ RMSF / Typhus ▪ SARS ▪ Toxic Shock Syndrome ▪ Trichinosis ▪ Waterborne Disease Outbreak ▪ Dengue ▪ Psittacosis ▪ Kawasaki ▪ Yellow Fever ▪ West Nile Virus (WNV) Infection Case Report		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.8	**Y**	**D (3)**	**List of TB required forms**: **TB case report forms** ▪ **RVCT Report – Report of Verified Case of Tuberculosis/ DHS 8620 A (1/03) [DEMO]** ▪ **Follow Up-1 Report - Initial Drug Susceptibility Report/ DHS 8620 B (10/00) [DEMO]** ▪ **Follow Up-**2 Report – Case Completion Report/ DHS 8620 C (10/00) [DEMO] ▪ MDR-TB Report (Multi-drug Resistant TB) ▪ MDR-TB checklist **TB B notification for immigrants and refugees** ▪ Electronic Disease Notification (EDN) US based TB Evaluation Worksheet ▪ A/B-Notification Report – Report of Alien with Tuberculosis (CDC 75-17) ▪ A/B-Notification Report of Sentinel Event/ TBCB/CDHS Version 2 ▪ Hmong ATS Classification Worksheet/ 10/31/05 version 2 **TB Outbreak reporting** • Outbreak Report – In revision 12/2006 **TB Contact reporting and targeted testing** ▪ Aggregate Report for Program Evaluation – Contact Investigation (ARPE-CI) – Preliminary/ DHS 8635 A (08/03) ▪ ARPE CI Report – Final/ DHS8635 B (08/03) ▪ TB Case Contact Roster (CIF December 2004) ▪ TB Contact Information Form (CIF December 2004) ▪ ARPE Contact Report Data Tallying Tool/ CDHS TBCB (12/03) ▪ ARPE Targeted Testing and Treatment for LTBI/ CDC ▪ Contact Investigation Toolkit ▪ CI-Case-Contact-Roster.pdf ▪ CI-Case-Data-Dictionary.pdf ▪ CI-Comparison-table-data-elements.pdf ▪ CI-Contact-Data-Dictionary.pdf ▪ CI-Contact-Info-Form.pdf ▪ CI-Data-Variables-List.pdf ▪ CI-Plan-Implement-CI-Improvement-Project.pdf (INFO) ▪ CI-Policies-Procedures.pdf (INFO) ▪ CI-Using-Data-To-Improve.pdf (INFO) ▪ CI-Using-Data-To-Improve-Staff-Processes.pdf **Additional forms used by LHDs:** ▪ Forms for use with patients who move during TB treatment ▪ Interjurisdictional Tuberculosis Notification (ITN)/ NTCA 3/2002 ▪ Interjurisdictional TB Notification (ITN) Follow-up/ NTCA 5-2002 ▪ Cure TB Bi-national Notification/ HHSA: DC-50 (08/02) County of San Diego HHS ▪ CDC International TB Notification Form/ revised 22 Feb. 2000 ▪ Immigration and Customs Enforcement (ICE) Notification of TB (form in revision)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.9	**Y**	**D (3)**	**TB requirements for Follow Up-2 Case Completion Report**: • There must be the ability to capture more than one Case Completion Report - Follow-up 2 form per case of TB. • Only one FU-2 form, the most recently submitted (non-administrative) FU-2 will be transmitted to the CDC. • A user with the appropriate permissions should be able to instantiate an administrative FU-2 form on behalf of a local user, or to fill a TBCB Registry need.		☐	☐
2.2.3.13	**Y**	**D (3)**	The disease identifier should be standardized for notifiable diseases in alphabetical order with sub-groups (nested sort) for specific diseases. The “drop-down” list of reportable conditions should be designed to be easy and intuitive, based on ITSD standards, for providers or their representatives to use, including in particular listing conditions by logical disease group rather than strictly alphabetically—for example “primary syphilis”, “secondary syphilis”, “latent syphilis“, and “syphilis – unknown stage” should all be listed under “syphilis”, not alphabetically under “p”, “s”, “l” , and “s” etc.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.15	**Y**	**D (3)**	The System must record the date and time the original disease notification was submitted from healthcare provider to LHD by phone. • For diseases that are mandated to be reported by phone immediately or within 24 hours the system should support collection of the date and time the phone notification was received • This data could be collected when a healthcare provider submits a CMR online following the call (ideally there is a reminder message displayed when the provider selects the option to report a CMR online for a disease that must be reported by phone immediately or within 24 hours) • This data could be collected from LHD that received a phone notification		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.2.3.16	**Y**	**D (3)**	The System must provide the ability for users to add/attach electronic documents to a CMR report, including Lab reports. Additionally, the System should provide (Level 2) additional metadata elements for attachments as *options*. These metadata elements would be based on a published document metadata standard such as Dublin Core (DCMI). Suggested DCMI terms for inclusion are: • *Title* • *Identifier* (a UID auto generated by the system) • *Relation* (reference to source CMR) • *Format* (data or MIME type such as "jpg", "PDF") • *Description* • *Date Issued* (auto generated) The system should then index the CMR and attachment based on this metadata so it may be more readily searched or queried.		☐	☐
Data Viewing, Editing, and Deleting						
2.3.1.4	**Y**	**D (3)**	For users with the appropriate security permission, the System must provide the ability to simultaneously view all cases assigned to them, across jurisdictions (so they do not have to log on to each jurisdiction's Web-CMR portal to see their assignments for that jurisdiction). **Note**: This should also support the EIP role.		☐	☐
Case Assignment and De-duplication Requirements						
2.4.1.3	**Y**	**D (3)**	The System must provide the ability to visually compare (side-by-side or top-to-bottom) cases/reports to each other (such as CMR to case, case to case, lab reports to cases) (*e.g.* by allowing multiple records to be viewed at the same time).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Case Identification and Confirmation Requirements						
2.4.2.8	**N**	**D (3)**	TB Case Verification Requirements: • There should be a "Case Verification and Count Date" page that appears when the user has submitted the RVCT form. The page confirms the RVCT entry and displays the result of the Vercrit calculation which determines if the report qualifies and can be counted as a verified case of tuberculosis (see CDC documentation for Case Verification Criteria in the *TIMS Surveillance Import Utility* in **Appendix C**). • If the report qualified, the user can enter a count date and save the report. If it did not qualify, the user may save the report as "suspect" (to be counted later), or override the "suspect" status with "Provider diagnosis" to count the case. The TB Case Registry sends both suspect and counted cases to the CDC, however the CDC only reports counted cases (not suspect). The TB Case Registry does strive to resolve suspect case prior to transmitting to the CDC. • The Vercrit calculation must be performed and result returned to the user for both direct data entry online and via web-services/data exchange methodology.		☐	☐
2.4.2.9	**N**	**D (3)**	The System must provide the ability to allow prioritization of cases both automatically and manually (such as high, medium and low per disease condition). The user with the appropriate role will be able to override the system prioritization.		☐	☐
2.4.2.10	**Y**	**D (3)**	The System must provide the ability to prioritize contacts. Examples of priorities are: High, medium, low.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.2.15	**Y**	**D (3)**	The System must provide the ability to allow the assignment (or re-assignment) of TB status per the American Thoracic Society (ATS) classification of TB Status (1-5). Reference: Am J Respir Crit Care Med. 2000 Apr; 161(4 Pt 1):1376-95. Many LHD prioritize activities and funding based on the ATS classification. • Class 0: No TB Exposure • Class 1: TB exposure, No evidence of infection • Class 2: TB infection, No disease • Class 3: TB, clinically active+ • Class 4: TB, not clinically active • Class 5: TB suspected **Note**: This requirement is related to 2.4.2.11.		☐	☐
2.4.2.16	**N**	**D (3)**	The System must provide the ability to identify missing reports (such as CMR or lab report that has not been received from the provider or lab). Since most cases should be reported both from the lab and from a provider there is a need to identify missing reports (*e.g.,* when only a lab report was received for a disease that should be reported from both, or when only a clinical report was received when a lab report was expected).		☐	☐
2.4.2.17	**N**	**D (3)**	The System must provide the ability to identify if reports that have been specified as required (such as case reports) are missing from a case.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
STD Syphilis Reactor System Requirements						
2.4.3.1	**N**	**D (3)**	The System must provide the ability to assign priority in the syphilis reactor grid based on business rules using the following parameters: patient age, gender, non-treponemal serologic test titer, zip code or census tract, type of provider (e.g., HIV clinic provider always coded as a priority 1		☐	☐
2.4.3.2	**N**	**D (3)**	The System must provide the ability to manually add historical syphilis test, treatment and diagnosis data for cases being investigated, in particular, previous history from other states/countries		☐	☐
2.4.3.3	**N**	**D (3)**	The System must provide the ability to change gridding parameters at state and local level		☐	☐
2.4.3.4	**N**	**D (3)**	The System must provide the ability to automatically prioritize incoming syphilis lab tests for follow-up based on simple reactor “gridding” rules and populate a dedicated “priority” field with the resultant priority value. This field must be retained and associated with the laboratory test.		☐	☐
2.4.3.5	**N**	**D (3)**	The System must provide a second “priority” field for manual entry based on review of relevant data by knowledgeable staff. This field must also be retained and associated with the laboratory test. Both the automated and manual fields are required for proper follow-up assignment and evaluation.		☐	☐
2.4.3.6	**N**	**D (3)**	The System must provide the ability to migrate historical reactor registry into new system for referencing in reactor grid assignments		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.3.7	**Y**	**D (3)**	System must provide the ability to have a summary screen view, for a selected person, of the person's name, most recent address, sex, DOB, all historical syphilis tests (including the requesting provider, specimen collection date, test type and results), treatment history (including treatment, treating provider, and date treatment began), and diagnoses (including diagnosis and date diagnosed).		☐	☐
Case Registry Requirements						
2.4.4.1	**Y**	**D (3)**	The System should provide the ability to create and maintain basic disease or condition-centric *registry* functions. The registry should encompass uniform data elements relating to patient morbidity and associated clinical information. It may include disease-specific laboratory information as well laboratory data relating to co-morbidities, case investigation including status, patient care information, and patient outcomes. The registry should be centered around a defined set of disease or condition case criteria. The scope of these registry requirements covers communicable diseases, with current focus on hepatitis B and C, typhoid carriers, tuberculosis, and syphilis (covered in STD Syphilis Reactor System requirements in this document). The System should also provide registry functions that enable users to view all data associated with an individual patient (patient-centric) as described in disease-specific requirements in this section.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.4.2	**Y**	**O** (1)	**Registry Data Summary**: The system should provide summary data to include the following (not inclusive): • Registry inclusion criteria. • Case definition or reference to namespace/URI where a standard case definition is stored (e.g. CDC). • Description of all registry metadata including short/long name, full description, associated question text (if there is a separate registry application), data type, data length, value domain if the data element is enumerated, where the data is used (e.g. which registries), creation date and last revision date. • Number of cases represented. • Summary statistics including incidence and prevalence. • Distribution (across time and geographic regions) of confirmed or probable cases (if appropriate).		☐	☐
2.4.4.3	**Y**	**D** (3)	The System must provide the ability to export the data elements associated with each disease registry in formats as defined in the Export requirements in this document.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.4.4	**N**	**D (3)**	**Disease-Specific Requirements for:** **Hepatitis B:** Data elements that are expected for capture and retrieval through predefined or ad-hoc queries within the registry and that are expected to be produced in a summary screen view will come from various data sources including: **1. Current CMR/AVSS** • Demographic information for patient: • Name (patient and provider), age or date of birth, gender, race, ethnicity, primary residence, occupation, contact information (patient and provider • Other info from existing CMR form (date of onset; date diagnosed; date of death) • Pregnant, EDD • Occupation • LHD case classification (from AVSS): Acute, Chronic or Perinatal **2. Revised CMR Form variables** • Signs and symptoms data • Reason for test • Liver function test dates and results • Lab results • Diagnosis (checked on CMR form) **3. Case Form variables** • Clinical data • Reason for test • Lab test results • Liver function test dates and results • Diagnosis (checked on case form) • Patient history data (exposures, risk factors, vaccination hx) • Previous hepatitis lab test results **4. Lab variables**: including specimen collect date, test result, test result date and requesting provider for the following: • Total anti-HAV (total antibody to hepatitis A virus) • HBsAg (hepatitis B surface antigen) • Total anti-HBc (total antibody to hepatitis B core antigen) • IgM Anti-HBc (IgM antibody to hepatitis B core antigen) • Anti-HBs (antibody to hepatitis B surface antigen) • HBeAg (hepatitis B "e" antigen) • Anti-HBe (antibody to hepatitis B "e" antigen) • HBV DNA • Anti-HDV (antibody to hepatitis D virus) • Anti-HEV (antibody to hepatitis E virus)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.4.5	**N**	**D (3)**	**Disease-Specific Requirements for:** **Hepatitis C** Data elements that are expected for capture and retrieval through predefined or ad-hoc queries within the registry include: name (patient and provider), age or date of birth, gender, race, ethnicity, primary residence, place of birth, occupation, contact information (patient and provider), date of diagnosis, disease staging information (i.e. acute, chronic or other staging criteria), case investigation status (i.e. confirmed, probable, suspect, etc.) concurrent active problems or co-morbidities (if available), and cause of death (if available). **Laboratory Information**: • Enzyme immunoassay (EIA) with signal to cut-off ratio (s/co) predictive of a true positive as defined by CDC. • Chemiluminescence (CIA) index value predictive of a true positive as defined by CDC. • Recombinant immunoblot assay (RIBA) if available. • Nucleic acid test (NAT) with RNA if available. • Hepatitis genotype if available. • Option for Yes/No answer to “Hepatitis C screening test (e.g, EIA or CIA) with a signal to cut off ratio or index value predictive of true infection as defined by the Centers for Disease Control and Prevention.” The link to the s/co ratios is: http://www.cdc.gov/ncidod/diseases/hepatitis/c/sc_ratios.htm.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.4.6	**N**	**D (3)**	**Typhoid Carrier** The System should support a typhoid carrier registry function or view. This registry is intended to capture important information regarding the status of patients who have been identified as typhoid carriers for tracking and monitoring (i.e., patient view), as well as for summary statistics (i.e., view across all carriers). Minimum data elements required for typhoid carrier registry functionality are listed below. The System will use existing data elements in WebCMR whenever available to assemble the registry view, and will allow manual entry of elements unique to this registry. • **Patient Information**: Full patient name, alias (if available), gender, race, age, ethnicity, place of birth, occupation, occupational history, current residence and current patient communication information including contact phone number(s) as well as patient change of residence history. • **Travel History**: Travel history should be included describing specific locations and dates of travel as well as the route of travel (if available). • **Patient Test History**: Temporal storage or serialization of all related laboratory tests, including stool or urine tests for *Salmonella typhi* with test type, date of analysis, observation, interpretation; specimen type (e.g., stool or urine); and ordering clinician or provider. • **Treatment History**: Treatment history should include all treatments (or untreated); type of therapy (e.g. antibiotics); and treatment dates. • **Carrier Status**: A summary of carrier status history including any history of typhoid fever, carrier type (convalescent or chronic; fecal, urinary, or other), and any previous history form other states/countries. The System must be able to generate reminders to public health staff every six months to check and update the carrier status of patients in the registry.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.4.7	**N**	**D** (3)	**Tuberculosis** The System must provide the ability to search, retrieve, view, and export all counted TB cases (as defined by CDC and CDHS counting criteria) as well as RVCT and user-defined data elements, providing a functional TB case registry for data queries. These TB criteria are documented in the ***TIMS Surveillance Import Utility.pdf*** and TB Data Dictionary in Appendix C 4. **TB MDR sub-registry**: For all culture positive TB cases (counted or not) that are resistant to Isoniazid and Rifampin (on any laboratory report and/or RVCT (F/U-1 or F/U-2)), the System must provide the ability to retrieve RVCT, laboratory, and genotyping data. The System must also provide the ability to view, query and export this data. • Laboratory susceptibility testing and genotyping data must be linked to the case's RVCT (when available) and must include: collection dates, sub-culture dates, submission dates, date received at MDL, test method, isolate type, submitting lab, accession/laboratory numbers, drug susceptibility results, molecular beacon results, culture identification, spoligotype, miru, PCR, RFLP, cluster name, IS6110_fingerprint, IS6110_band_no, PCR/RFLP cluster. • System must provide the ability to add and remove data elements from the above list.		☐	☐
2.4.4.8	**Y**	**D** (3)	The System must use published case definitions to identify data elements required for disease-specific registry functions.		☐	☐
2.4.4.9	**Y**	**D** (3)	The System must use specific inclusion criteria (in addition to case definitions) to determine if cases and/or associated reports should be included in a disease-specific registry.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Case Management (Evaluate, Treat, and Monitor) Requirements						
2.4.5.1	**Y**	**D (3)**	The System must provide the ability to assign an investigator or a team of investigators to a case.		☐	☐
2.4.5.2	**Y**	**D (3)**	The System must provide the ability to permit the assignment of staff for the evaluation, treatment and follow-up of a patient.		☐	☐
2.4.5.3	**N**	**D (3)**	The System must provide the ability to support the following methods for assignment of STD investigations in regional and local offices: Round Robin, Investigator-of-the-Day Method, Investigator-per-Condition Method, Geographically assigned, Manually assigned		☐	☐
2.4.5.4	**Y**	**O (1)**	The System must provide the ability to send referrals to other agencies. In its simplest form this could be the ability to generate and print paper referrals. *Related to system's ability to communicate with external entities*.		☐	☐
2.4.5.5	**Y**	**D (3)**	The System must provide the ability to capture and track incentives and enablers provided to patient to improve adherence to treatment. Typical incentives and enablers include provision of housing assistance, transportation tokens/tickets, food vouchers, etc.		☐	☐
2.4.5.6	**Y**	**D (3)**	The System must record the calendar time and when and whether anticipated key treatment benchmarks been met. Specific benchmarks indicating treatment progress include: conversion to negative bacteriology, acquisition of drug resistance, improvement in other clinical markers, calculation of medication received, updates from external providers. The System must provide the ability to flag certain sentinel results or events requiring immediate attention (MDR-TB, default, etc.) (See Notifications section).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.5.7	**N**	**O** (1)	The System must provide the ability to, based on the classification of the patient, provide a template for standard TB care plans that can be configured to the patient. Template should include: • Patient contact, Intake and assessment • Treatment regimen and duration • Calendar of appointments • Agreements/contracts between LHD and case; • Provision of Directly Observed Therapy (DOT), clarity on the role of the HD • Establishment and communication of care plan for TB patients receiving primary care outside the health department (e.g. hospital, private provider, correctional facility, etc) • Referrals to outside providers and services • Treatment Education and prevention information		☐	☐
2.4.5.8	**N**	**D** (3)	The System must provide the ability to capture information about legal actions taken towards a patient. System to capture whether legal action is taken with patient. Typical legal actions can include orders for 1) Examination, 2) TB Treatment, 3) Directly Observed Therapy, 4) Isolation, 5) Detention, and 6) Incarceration. System to provide templates. Legal references for forms necessary to initiate legal actions. System to provide ability to associate notes, legal process/escalation steps, etc related to legal action.		☐	☐
2.4.5.9	**N**	**O** (1)	The System must provide the ability to capture household information on a patient/contact form.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.5.10	**Y**	**D** (3)	The System must provide the ability to allow for two way communication between LHD and CDHS regarding case report form data (completeness, consistency, case definition).		☐	☐
2.4.5.11	**Y**	**D** (3)	For users with the appropriate security permission, the System must provide the ability to: open, close, reopen, create, modify, save, delete, undelete, and view a case investigation.		☐	☐
2.4.5.12	**Y**	**D** (3)	For users (local and regional managers) with the appropriate security permission, the System must provide the ability to assign, reassign, and monitor case management tasks and ability to review and modify data across jurisdictions. • ability for supervisors to review investigations • ability for supervisors to approve or reject closed investigations or change the case status		☐	☐
2.4.5.13	**Y**	**D** (3)	The System must provide the ability to generate a field record.		☐	☐
2.4.5.14	**Y**	**D** (3)	The System must provide the ability to automatically display/include disease-specific task lists based on disease being investigated.		☐	☐
2.4.5.15	**N**	**O** (1)	The System must provide the ability to randomly sample cases for additional interview or follow-up.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.5.16	**N**	**D (3)**	The System must provide the ability to facilitate the case management of infants born to HBsAg+ women (see Perinatal Hepatitis B Prevention Program report form). The System must provide the ability to link chronic / carrier to others (person defined as carrier, related to multiple persons / cases). For example, carrier (mother) entered as case, infant entered and managed as contact. The system must provide the ability to import case-report form data for the Perinatal Hep B program that is sent electronically to the state from LHDs.		☐	☐
2.4.5.17	**Y**	**D (3)**	The System must provide the ability to capture all relevant information needed to complete the RVCT and Follow-up forms in the System Patient Management module.		☐	☐
2.4.5.18	**Y**	**D (3)**	The System must provide the ability for the collection of risk factors for non adherence to treatment. (see Related under Track Enablers and Legal Action)		☐	☐
2.4.5.19	**Y**	**D (3)**	The System must provide the ability for the collection of information on risk factors for transmission and infection control (e.g. is isolation required, etc)		☐	☐
2.4.5.20	**Y**	**D (3)**	The System must provide the ability to present all information pertinent to the writing of orders for care: e.g. a consolidated view of the information in Enrollment, Classification, History, Care Plan, and Risk Assessment.		☐	☐
2.4.5.21	**Y**	**D (3)**	The System must provide the ability to capture all anti-tuberculosis drugs prescribed to patient including any subsequent changes to drug regimen.		☐	☐
2.4.5.22	**Y**	**D (3)**	The System must provide the ability to track duration of drug regimen and summarize amount of medication taken and the number of months and weeks on treatment and the number of doses taken of each drug.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.5.23	**Y**	**D (3)**	The System must provide the ability to capture whether therapy is administered by DOT, track DOT visits and results of DOT (i.e. patient was observed taking medication, patient absent/missing, patient refused, drug delivered, but not observed, etc).		☐	☐
2.4.5.24	**Y**	**D (3)**	The System must provide the ability to capture standard tests for TB evaluation, treatment and monitoring included but not limited to radiology reports, tuberculin skin tests, blood assays for TB infection, and bacteriology.		☐	☐
2.4.5.25	**Y**	**D (3)**	The System must provide the ability to capture whether ordered tests were obtained.		☐	☐
2.4.5.26	**Y**	**D (3)**	The System must provide the ability to capture specimen collection (i.e., date, type, etc.)		☐	☐
2.4.5.27	**Y**	**D (3)**	The System must provide the ability to capture status of submitted specimens.		☐	☐
2.4.5.28	**Y**	**D (3)**	The System must provide the ability to capture the results and any updates to ordered tests either electronically through ELR/StarLIMS or direct data entry.		☐	☐
2.4.5.29	**Y**	**D (3)**	The System must provide the ability to capture a series of tests (i.e. repeated, multiple tests) per patient.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.5.30	**Y**	**D (3)**	In addition to medication and specimen collection, system should permit capture of other information reflecting treatment progress. Specific examples include: • Adverse drug reactions. • Changes in care status (i.e. change in provider or assigned LHD staff) • Change in care facility (i.e. discharge from hospital or other care facility, release from corrections) • Change in patient residence, job, home environment. • Other life events potentially disruptive to TB treatment (travel, substance abuse, etc).		☐	☐
2.4.5.31	**Y**	**D (3)**	The System must provide the ability for users to add/attach electronic documents to a Case report/event such as a PDF or jpeg.		☐	☐
Transfer and Sharing of Cases and Contacts Requirements						
2.4.6.5	**Y**	**D (3)**	All RVCT Follow-up 2s (Case Completion Reports) of TB cases who transfer between jurisdictions prior to completion of treatment will be viewable by all jurisdictions that were part of the case's history and to TBCB Registry staff.		☐	☐
TB MDR Data Requirements						
2.4.7.1	**Y**	**D (3)**	The System must provide the ability to ensure all drug susceptibility data elements are captured from ELR requirements.		☐	☐
2.4.7.2	**Y**	**D (3)**	The System must provide the ability to receive susceptibility results and allow viewing by LHDs and State users.		☐	☐
TB Genotyping Data and Forms Requirements						
2.4.8.1	**Y**	**D (3)**	The System must provide the ability to ensure that all genotyping data elements are captured from ELR inputs.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.4.8.2	**Y**	**D (3)**	The System must provide the ability to receive genotyping results and allow viewing by LHDs and State users.		☐	☐
2.4.8.3	**Y**	**D (3)**	For users with the appropriate security permission (LHD, MDL and TBCB), the System must provide the ability to share genotyping results in the event of misrouted data, patient movement, outbreaks, and data sharing agreements between regional partners.		☐	☐
2.4.8.4	**N**	**D (3)**	The System must provide the ability to migrate legacy genotyping data.		☐	☐
2.4.8.5	**Y**	**D (3)**	The System must provide the ability to define newly developed laboratory diagnostics and to receive the results from the new diagnostics.		☐	☐
TB A/B Notification and Sentinel Events						
2.4.9.1	**N**	**D (3)**	The System must provide the ability to interface with the CDC's Electronic Data Network (EDN) when it becomes operational (e.g., receive uploads of data from EDN).		☐	☐
Contact Identification, Notification, Evaluation, Treatment, and Monitoring Requirements						
2.5.1.1	**Y**	**D (3)**	The System must provide the ability to allow the capture of minimal contact information on generic and disease-specific forms. The DCDC branches shall provide disease/branch specific contact data collection requirements and form requirements in separate appendices. These are data elements for current and potential forms (provided in data dictionary format). The contact information may be initially provided by field reports and laboratory results. Note: A "Contact" may be a person, place, location, animal, or other. Make separate requirement		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.5.1.2	**Y**	**D (3)**	The System must provide the ability to generate a list of contacts that require additional follow up based on contact priorities. **For example**: system would have the capacity to prioritize contacts for follow-up (e.g., prophylaxis and/or quarantine) using disease-specific rules developed by IZB (e.g., post-exposure prophylaxis of infants < 6 mos who have been exposed to pertussis = high priority contact; pregnant woman exposed to varicella = high priority contact).		☐	☐
2.5.1.3	**Y**	**D (3)**	The System must provide the ability to generate and/or link to letters to be sent to case contacts notifying them that they may have been exposed, etc. with additional information as appropriate about the disease, prophylaxis, etc.		☐	☐
2.5.1.4	**N**	**D (3)**	The System must provide the ability to attach/add documents to contacts. See attachment requirements in State and LHD Data Entry section.		☐	☐
2.5.1.5	**Y**	**D (3)**	The System must provide links between cases and contacts and between contacts and sources/index cases.		☐	☐
2.5.1.6	**Y**	**D (3)**	In the event that a contact becomes a case, the System must allow this transition while maintaining all history on the contact and not require duplicate data entry.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.5.1.7	**Y**	**D (3)**	The System must provide the ability to apply a status to contacts. Status categories will be established during configuration phase of application implementation. For example, potential status assignments could be: • Possible Contact: contact names, but exposure status not yet verified • Contact of Interest: contact identified, and follow up is needed • Close contact • Casual contact • Not classified as a contact • Confirmed contact		☐	☐
2.5.1.8	**Y**	**D (3)**	The System must provide the ability to prioritize contacts. Examples of priorities are: High, medium, low.		☐	☐
2.5.1.9	**Y**	**D (3)**	The System must provide the ability to apply an investigation status for contacts. Status categories will be established during configuration phase of application implementation.		☐	☐
2.5.1.10	**Y**	**D (3)**	The System must provide the ability to assign staff (investigator or nurse, etc) responsible for locating, evaluating, monitoring and treating the located contact.		☐	☐
2.5.1.11	**Y**	**D (3)**	The System must provide the ability for transferring contacts and sharing of data on contacts between local users and between local health jurisdictions.		☐	☐
2.5.1.12	**Y**	**D (3)**	The System must provide the ability for the assignment of a jurisdiction to a contact. As a default the assignment should be based on the contact's address (if known), and possible to change manually		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.5.1.13	**N**	**O (1)**	The System must provide the ability to include visual social network analysis tool.		☐	☐
ARPE (Aggregate Reports for Program Evaluation) Requirements						
2.5.2.1	**N**	**D (3)**	The System must provide the ability to capture the ARPE form by any one of the following methods: • Online data entry in the Web-CMR application. • Pre-population from pertinent data in the Application database (this may be from RVCT, Contact Investigation forms, or other related forms). • Data exchange transmissions from LHDs with their own patient management/surveillance systems.		☐	☐
2.5.2.2	**N**	**D (3)**	The System must provide the ability to pre-populate the Preliminary and Final ARPE reports for each LHD using the pertinent data captured from semi-annual cohorts of TB cases. The data can be drawn from other case-related reports such as RVCT and contact rosters or contact tallying reports.		☐	☐
2.5.2.3	**N**	**D (3)**	The System must provide the ability to pre-populate the Final ARPE form (the pre-populated data should be editable by the user) with data from the related Preliminary ARPE form.		☐	☐
2.5.2.4	**N**	**D (3)**	The submission of 'No Contacts to Report' will be automated, user will click one button and have zeros ('0') populate the form.		☐	☐
2.5.2.5	**N**	**D (3)**	The System must provide the ability to capture California specific fields, but will exclude these identified fields for export to the CDC.		☐	☐
2.5.2.6	**N**	**D (3)**	The System must provide the ability to validate data entry of ARPE form fields based on validation rules (TBCB will provide validation rules).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.5.2.7	**N**	**D (3)**	The System must provide the ability to sum individual Preliminary and Final ARPE reports across LHDs and calculated for the state of California.		☐	☐
2.5.2.8	**N**	**D (3)**	The TB Contact Roster form will be available for direct data entry of pertinent information on contacts needed to populate the ARPE (see TB Contact Roster form, Appendix A).		☐	☐
2.5.2.9	**N**	**D (3)**	The TB Contact Tallying form will be available for direct data entry of pertinent information on contacts needed to populate the ARPE (see TB Contact Tallying form, Appendix A).		☐	☐
2.5.2.10	**N**	**D (3)**	"Part II. Evaluation Indices" will be calculated for the user from data entered in "Part 1 Cases and Contacts".		☐	☐
2.5.2.11	**N**	**D (3)**	Legacy ARPE data will be migrated to the web-based application.		☐	☐
2.5.2.12	**N**	**D (3)**	The System must provide the ability to display a report that shows all RVCT cases that comprise the semi-annual cohort for inclusion in the ARPE report.		☐	☐
2.5.2.13	**N**	**D (3)**	The System must provide the ability to export the ARPE data.		☐	☐
2.5.2.14	**N**	**O (3)**	The System must provide the ability to trigger Notifications for reminders for ARPE submission and for newly submitted ARPE reports. Notifications are based on the ARPE Schedule for Reporting Contacts to TB Cases in California.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Outbreak Management and Investigation Requirements						
2.6.1.1	**N**	**D (3)**	The System must provide a comprehensive, integrated case/outbreak management system (1) to coordinate the identification and follow-up of (a) possible sources of infection of VPD cases and (b) contacts of infectious VPD case(s) and (2) to coordinate interventions to prevent or control the further spread of VPDs (e.g., perinatal hepatitis B case management)		☐	☐
2.6.1.2	**N**	**D (3)**	The System must provide the ability to assign an outbreak confirmation status. (Example, outbreak status could be Probable, Suspected outbreak, confirmed outbreak, low outbreak probability (rule out situation).)		☐	☐
2.6.1.3	**Y**	**D (3)**	The System must provide the ability to review all outbreaks with/by certain statuses, outbreaks in specific jurisdictions, etc.		☐	☐
2.6.1.4	**Y**	**D (3)**	The System must provide the ability for the creation of outbreak episodes in the System. Information collected about outbreaks could be: identifier/outbreak name, jurisdiction, investigator, investigation status, contact info, risk factors, outbreak status, etc.		☐	☐
2.6.1.5	**Y**	**D (3)**	The System must provide the ability to receive disease notification, including notification to create a new case or outbreak record or notification to update an existing case or outbreak record		☐	☐
2.6.1.6	**Y**	**D (3)**	The System must provide the ability to share outbreak information with all jurisdictions with cases, contacts, or locations involved in the investigation.		☐	☐
2.6.1.7	**N**	**D (3)**	The System must provide the ability to add additional information to an outbreak including adding/attaching electronic documents.		☐	☐
2.6.1.8	**Y**	**D (3)**	The System must provide the ability to prioritize an outbreak/outbreak investigation. Priorities could be 'High - Immediate', 'Medium', 'Low', etc.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.6.1.9	**Y**	**D (3)**	The System must provide the ability to accommodate a link or references between cases, contact, and outbreaks, identifying the cases which are part of an outbreak.		☐	☐
2.6.1.10	**N**	**D (3)**	The System must provide the ability to assign investigation status to outbreaks. Status could be: new, during investigation, confirmed, open, close		☐	☐
2.6.1.11	**Y**	**D (3)**	The System must provide the ability to generate final reports related to an outbreak that are disease- or transmission-mode specific.		☐	☐
2.6.1.12	**Y**	**D (3)**	The System must provide the ability to generate outbreak questionnaires (ad hoc forms) to be defined and entered. TB - System must also allow and manage additional disease/agent-specific data such as laboratory and clinical results to be entered. TBCB can provide TB-specific data elements.		☐	☐
2.6.1.13	**Y**	**D (3)**	The System must provide the ability to capture information about activities performed to limit an outbreak, such as quarantines or isolations imposed as appropriate on the Outbreak form, contact form, and the case form. In addition to intervention activities, the System should also capture other activities or events, such as media reports, key meetings, changes in case definitions or other operational definitions, etc.		☐	☐
2.6.1.14	**Y**	**D (3)**	The System must provide the ability to assign an investigator to an outbreak.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
To-Do Actions (Task List) Requirements						
2.7.1.1	**N**	**D (3)**	The System must provide the ability to enter "To-Do items/actions" into the System. A To-Do action must contain information about the activity to perform (for example, call a contact, send a letter, call a client, visit a client), when this activity is due, status on the activity (new, in progress, waiting for confirmation, completed/closed), and owner of the action.		☐	☐
2.7.1.2	**N**	**D (3)**	The System must provide the ability to assign a To-Do action to another individual, more than one individual, or group of individuals.		☐	☐
2.7.1.3	**N**	**D (3)**	The System must provide the ability to allow the review of To-Do actions, for example by having access to To-Do lists by date or by status as well as a list of my own To-Do actions.		☐	☐
2.7.1.4	**N**	**D (3)**	The System must provide the ability for follow-up activities (*e.g.,* follow-up forms and checklists for follow-up activities). These follow-up activities may be disease-specific and sometimes occasion-specific, such as an outbreak situation. The System will automatically link To-Do lists to specified conditions.		☐	☐
2.7.1.5	**N**	**D (3)**	The System must provide the ability to generate reminders, letters, reports, etc based on scheduled activities in the System. **IZB Note**: Important function for perinatal hepatitis B case management (IZB).		☐	☐
Geocoding and Mapping Requirements						
2.7.2.1	**Y**	**D (3)**	The System must provide address standardization functionality for all captured address and location information.		☐	☐
2.7.2.2	**Y**	**D (3)**	The System must be able to utilize (interface with) an external geocoding service in a secure and confidential manner.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.7.2.3	**Y**	**D (3)**	The System will provide, at minimum, full standardized street address information and a record identifier (not name) to the geocoding service.		☐	☐
2.7.2.4	**N**	**D (3)**	The System must provide the ability to accept, at minimum, latitude, longitude, accuracy code, and region information (census tract, zip code, local health jurisdiction) associated with the geocode from the geocoding service. Region information must be stored separately from that entered by users (i.e., cannot overwrite user-entered region data/fields).		☐	☐
2.7.2.5	**Y**	**D (3)**	Alternatively to 2.7.2.2-4 above (use of external geocoding service), the System must itself provide comparable geocoding for all captured standardized address and location information.		☐	☐
2.7.2.6	**N**	**D (3)**	If the System provides geocoding internally, vendor to keep geocoding files and links current. Describe how this is accomplished.		☐	☐
2.7.2.7	**N**	**D (3)**	If the System provides geocoding internally, describe the modularity of geocoding and if it is possible to share this functionality with other systems.		☐	☐
2.7.2.8	**N**	**D (3)**	The system must allow the ability to manually enter and edit geocoding information (e.g., as collected via GPS in the field), and to correct the assigned region or jurisdiction when necessary (e.g., location near a jurisdiction boundary creates conflicting location associations). Manually entered or corrected geocode information should not be overwritten indiscriminately by the geocoding engine (external or internal); i.e. the system should provide a mechanism to allow record-level end-user control (e.g. by a registry manager) of whether or not the manually entered/corrected geocode fields are overwritten by subsequent address changes (which trigger automated geocoding requests).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.7.2.9	**N**	**D (3)**	The system must provide the ability to manually initiate the "re-geocoding" of an address, overriding the existing geocode.		☐	☐
2.7.2.10	**N**	**D (3)**	For addresses which were not geocoded on the initial pass, or where the geocode accuracy per 2.7.2.4 indicates geocode not to the level of street segment (such as to a zip-code or county centroid), the system should provide functionality to identify these addresses and to facilitate: • The edit of the address and manual reinitiating of the geocoding per 2.7.2.9, and/or • Allow for the use of an external or alternate geocoding service which may have very up-to-date reference files (i.e. use a service where the interface might be too slow or service too expensive for routine geocoding). • Provide a facility for batch re-geocoding of low accuracy or null geocodes which could be executed after updates to the regular service or internal reference tables have been applied. • Provide a report of addresses updated with geocode via batch processing or external services.		☐	☐
Master Index(es) Requirements						
2.7.4.2	**Y**	**D (3)**	The System must provide a master index of all organizations of interest to avoid duplication. (organizations and roles? – orgs are labs, hospitals, other entities).		☐	☐
2.7.4.8	**Y**	**D (3)**	The System must provide the ability to notify responsible users when records in the master indexes have been logically deleted (for example by logging the deletion, or by alerting the users).		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.7.4.10	**Y**	**D (3)**	The System must provide the ability to display merged records.		☐	☐
2.7.4.11	**N**	**O (1)**	The System must provide the ability to interface with an external Master Person Index (MPI) to instantiate persons so that uniqueness can be established across multiple systems including Web-CMR. The vendor should describe how the system could interface with an external MPI to accomplish person search and instantiation of the functions described above.		☐	☐
Reports and Queries Requirements						
2.8.1.3	**Y**	**O (1)**	The System must provide the ability to access data for direct query. For example, SQL query, or query pass-thru from SAS to DB via ODBC. Desirable that system provides data views (pre-defined SQL views) to allow access to user-entered data. It is desirable that the system allows for user created SQL Views useful for analysts within the analytic system (may require defining and submitting View specs to a DBA)		☐	☐
2.8.1.7	**N**	**D (3)**	The System must provide the ability to use specified data fields to generate reports that display aggregate data results. (See requirement 2.7.1.3)		☐	☐
2.8.1.8	**Y**	**D (3)**	The System must provide the ability to generate ad hoc reports.		☐	☐
2.8.1.9	**Y**	**D (3)**	The System must provide the ability to facilitate the creation of reusable, sharable templates for ad hoc reporting. A template is a pre-defined set of questions used to select data for a report.		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.1.10	**N**	**D (3)**	The System must provide the ability to calculate and present disease rate statistics utilizing Department of Finance population data for denominators. As an integral part of this requirement, system to provide the ability to store and access tables of common reference denominators such as Department of Finance population data, FIPS, USPS Zip codes, etc. **IZB**: Following are links to the DOF population tables that IZ uses. The data dictionary for each table is documented in the first line of the table as well as on the site. IZ uses the yearly files in these links, rather than the county files. Years 1970 - 1989 http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-70-89/RaceData_70-89.asp Years 1990 - 1999 http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-90-99/RaceData_90-99.asp Years 2000 - 2050 http://www.dof.ca.gov/HTML/DEMOGRAP/Data/RaceEthnic/Population-00-50/RaceData_2000-2050.asp **TBCB**: uses the same DOF data files that IZB lists, above. For the 3 cities, TB also uses State of California, Department of Finance, E-4 Population Estimates for Cities, Counties and the State, 2001-2006, with 2000 Benchmark. Sacramento, California, May 2006. or State of California, Department of Finance, E-1 Population Estimates for Cities, Counties and the State with Annual Percent Change — January 1, 2005 and 2006. Sacramento, California, May 2006. **STDCB**: DOF data files used by **STDCB** are listed in “STD Automated Reports.” shown in **Appendix C.**		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
Export Requirements						
2.8.2.5	**N**	**O (1)**	The System must provide the ability for users to set standard batch exports at a specified time and date.		☐	☐
Notifications Requirements						
2.8.5.1	**Y**	**D (3)**	The System must provide the ability to notify LHD and State end-users when new CMRs or ELRs are received for their jurisdiction or program, and when new cases are created for their jurisdiction or program, e.g. by placing them in a designated input queue or highlighting them within an assigned case list. The System should allow users with the appropriate permissions to determine (configure) which disease notifications are placed within the queue and which bypass the queue.		☐	☐
2.8.5.2	**Y**	**D (3)**	The System must provide the ability for a provider/reporter with appropriate permissions to receive a request for more information from the local or state health department. Requests should be stored within the System, and the only information sent via e-mail should be an alert to read information in the System.		☐	☐
2.8.5.3	**N**	**D (3)**	The System must provide the ability for a provider/reporter to receive feedback on a submitted report (*e.g*. this is not a notifiable condition or this case does not meet case definitions). Feedback should be stored within the System, and the only information sent via e-mail should be an alert to read information in the System.		☐	☐
2.8.5.4	**N**	**O (1)**	The System must provide the ability for two-way data and information exchange between LHDs, and between LHDs and the state. For example, the system should allow an LHD to (1) receive a request for more information about a case and (2) respond to the request for more information (refers principally to “free-form text notes.”)		☐	☐

#	Demo	Type (Pts)	Requirement	Provide a succinct explanation of how each requirement can or cannot be met Indicate if the solution currently meets the requirement or must be modified	Compliance YES	Compliance NO
2.8.5.5	**N**	**D (3)**	The System must provide the ability to automatically notify specified role of required tasks based on specific rules (e.g., notify clerk to send out a letter when priority 2 syphilis reactor identified; notify physician to complete CMR if lab report received but not a CMR with 14 days).		☐	☐
2.8.5.6	**Y**	**D (3)**	The System must provide the ability for the LHD to notify the State when a case is ready for State review (e.g. when the case reports are completed.)		☐	☐
2.8.5.7	**Y**	**D (3)**	The System must provide the ability to assign a case confirmation status by both an LHD and the State (e.g. suspect, probable, confirmed). If the State case confirmation status differs from LHD case status, the LHD should be notified.		☐	☐
2.8.5.8	**Y**	**D (3)**	The System must provide the ability to manually transfer cases between jurisdictions. When a case is transferred all history should be maintained. The receiving jurisdiction should receive a notification of the transferred case.		☐	☐
2.8.5.9	**Y**	**D (3)**	The System must provide a confirmation of transfer notification and acceptance or rejection of the transfer.		☐	☐
2.8.5.10	**Y**	**D (3)**	The System must provide the ability to notify users when a follow-up laboratory report has been reported for an existing case or ELR		☐	☐

SECTION 7: COST

7.1 Introduction

Bidders are responsible for including the costs necessary for meeting the requirements contained within this RFP. Bidders must submit cost information in a separately sealed envelope that is clearly marked "Volume 3, Cost Data". Cost Data will not be opened and evaluated until after the Evaluation Team has determined that the Bidder's proposal is fully compliant with the format and Mandatory Requirements of this RFP. The cost proposal will be scored using a calculation where the most points will be awarded to the proposal with the lowest Total Cost. Bidders must provide one-time costs, on-going costs, and other costs.

Cost Type	Worksheet Number	Worksheet Description
Total Cost	7-1	Total Cost Summary
One-Time Costs	7-2	Project Management Planning
	7-3	Configuration
	7-4	Infrastructure
	7-5	Testing
	7-6	Implementation
On-Going Costs	7-7	Training
	7-8	Support
	7-9	Maintenance and Operations
Other Costs	7-10	Labor Rates

7.1.1 One-Time Costs

One-time costs include the costs to the State for the acquisition and implementation of the proposed solution, and include the costs for project management planning; configuration and system documentation; hardware and software; testing; and implementation.

- Project Management Planning Costs: The Bidder shall enumerate all one-time project management planning costs for the Web-CMR project. These include, but are not limited to costs for Business Requirements Verification (Traceability Matrix), Project Schedule, Implementation Plan, Training Plan, Migration Plan, Transition Plan, Support Plan, and Disaster Recovery/Operational Recovery Plan(s).

- Configuration Costs: The Bidder shall enumerate all one-time costs for configuration of the Web-CMR system. This includes the costs for system configuration, and the costs for all required system documentation.

- Infrastructure Costs: The Bidder shall enumerate all one-time costs for hardware required to implement the Web-CMR system, and all one-time software costs for Web-CMR. The Bidder shall describe all proposed hardware, including the function, quantity, manufacturer, and brand name for each proposed item. For software costs, the Bidder must provide *either* a cost for each category of Requirements (Mandatory, Desirable, and Optional) or for each Bidder-defined module. *If the Bidder chooses the latter option, the Bidder MUST provide a detailed description of the functionality included in each module, and the specific requirements from this RFP that are included in each module, including the requirement number.*

- Testing Costs: The Bidder shall enumerate all one-time costs for testing of the Web-CMR system.

- Implementation Costs: The Bidder shall enumerate all one-time costs for implementation of the Web-CMR system.

7.1.2 On-Going Costs

On-going costs are those costs that are projected to be paid by the State on a monthly basis for the support and maintenance of the proposed solution, and include the costs for training; support, including help desk; and maintenance and operations of the solution.

- Training Costs: The Bidder shall enumerate all training costs on an estimated monthly basis. This includes costs for Knowledge Transfer Training Sessions; Technical Support Training Sessions; Help Desk and Trainer Training Sessions; End-User Training Sessions; and Training Materials.

- Support Costs: The Bidder shall enumerate all support costs on an estimated monthly basis. This includes costs for Help Desk, Technical Support, and Application Support.

- Maintenance and Operations Costs: The Bidder shall enumerate all maintenance and operations costs on an estimated monthly basis.

7.1.3 Other Costs

Other costs are costs in addition to one-time and ongoing costs. For this RFP, other costs include the labor rates for unanticipated deliverables.

- Labor Rates for Unanticipated Deliverables: DCDC anticipates that during the contract period changes may necessitate application modifications, and/or DCDC may require assistance not anticipated at this time. This support shall be structured in terns of a fixed hourly rate by classification for support of Unanticipated Deliverables. The Bidder shall enumerate the hourly rate for each Bidder-defined classification of labor.

7.2 Cost Proposal Format

Volume 3, Cost Data must be submitted in the number and format as described in ***Section 8:*** **Proposal Format**. Bidders must submit a complete Cost Workbook (**Exhibit 7-A**) as part of Volume 3, Cost Data. The Cost Workbook contains ten (10) cost worksheets, as described above, that each Bidder must complete. Bidders are responsible for entering cost data in the format of the Cost Workbook. Bidders may add additional lines for itemized costs to each Worksheet, however, Bidders must not alter the pre-set formulas contained within the Cost Workbook. Volume 3, Cost Data, must also include a letter of bondability as per Administrative Requirement 4. This letter of bondability must include the percentage of and the dollar amount of the overall bid to be covered.

Exhibit 7-A: *Cost Workbook*

Included below is a display of each table contained within the Cost Workbook. Each of these tables is also contained within the Excel file, Cost Workbook.xls, provided to each Bidder.

Worksheet 7-1 - Total Cost Summary Worksheet	
Cost Category	**Summary Cost**
ONE-TIME COSTS	
7-2 Project Management Planning Cost	$ -
7-3 Configuration Cost	$ -
7-4 Infrastructure Cost	$ -
7-5 Testing Cost	$ -
7-6 Implementation Cost	$ -
ON-GOING COSTS	
7-7 Training Costs	$ -
7-8 Support Costs	$ -
7-9 Maintenance & Operations	$ -
TOTAL	**$ -**

Worksheet 7-2: Project Management Planning Costs		
Item Description	**Estimated Staff Hours**	**Cost**
Business Requirements Verification (Traceability Matrix)		$ -
Project Schedule		$ -
Implementation Plan		$ -
Training Plan		$ -
Migration Plan		$ -
Transition Plan		$ -
Support Plan		$ -
Disaster Recovery Plan/Operational Recovery Plan		$ -
		$ -
		$ -
TOTAL	**0**	**$ -**

Worksheet 7-3: Configuration Costs		
Item Description	**Estimated Staff Hours**	**Cost**
System Configuration		$ -
System Documentation		
California Specific System Documentation		$ -
Overview of System Logic		$ -
Complete Logical and Data Model		$ -
System Administration Manual		$ -
Data Dictionaries		$ -
Additional Configuration Costs		
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
TOTAL	**0**	**$ -**

Worksheet 7-4: Infrastructure Costs								
Item Description		**Purchase Price**	**Tax**	**Delivery**	**Installation Charge**	**Total Unit Cost**	**Quantity Needed**	**Total Item Cost (Unit Cost*Quantity)**
Detailed Hardware Costs	**Make/Model/ Specifications**							
Development Environment		$ -				$ -		$ -
Testing/Training Environment(s)		$ -				$ -		$ -
Production/Staging Environment(s)		$ -				$ -		$ -
Additional Hardware		$ -				$ -		$ -
							Hardware TOTAL	**$ -**
Detailed Software Costs*	**Version/# of Licenses/Specifications**							
Mandatory Requirements		$ -				$ -		$ -
Desirable Requirements		$ -				$ -		$ -
Optional Requirements		$ -				$ -		$ -
Additional Software		$ -				$ -		$ -
		$ -				$ -	**Software TOTAL**	**$ -**
							TOTAL	**$ -**

*Bidder has the option to provide Software Costs by Bidder-defined modules. If Bidder chooses this option, the Bidder *MUST* provide a detailed description of the functionality included in each module, *including the specific requirements from this RFP that are included in each module. This description must also include the requirement # for each requirement included.*

Worksheet 7-5: Testing Costs		
Item Description	**Estimated Staff Hours**	**Total Item Cost**
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
TOTAL	**0**	**$ -**

Worksheet 7-6: Implementation Costs		
Item Description	**Estimated Staff Hours**	**Total Item Cost**
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
		$ -
TOTAL	**0**	**$ -**

Worksheet 7-7: On-going Training Costs								
	Year 1				Year 2			
Item Description	Rate Per Hour	Estimated Hours Per Month	Total Cost Per Month	Total Cost Year 1	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 2
Knowledge Transfer Training	$ -		$ -	$ -	$ -		$ -	$ -
Technical Support Training	$ -		$ -	$ -	$ -		$ -	$ -
Help Desk and Trainer Training	$ -		$ -	$ -	$ -		$ -	$ -
End-user Training	$ -		$ -	$ -	$ -		$ -	$ -
Training Materials	$ -		$ -	$ -	$ -		$ -	$ -
TOTAL			**$ -**	**$ -**			**$ -**	**$ -**

Year 3				Year 4				Year 5				
Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 3	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 4	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 5	Total 5 Year Cost
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
		$ -	**$ -**			**$ -**	**$ -**			**$ -**	**$ -**	**$ -**

NOTE: These 5 year costs are for Evaluation purposes only. This is not a commitment from DCDC to engage in a five (5) year contract.

Worksheet 7-8: Support Costs								
	Year 1				Year 2			
Item Description	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 1	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 2
Help Desk	$ -		$ -	$ -	$ -		$ -	$ -
Technical Support	$ -		$ -	$ -	$ -		$ -	$ -
Application Support	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
TOTAL			**$ -**	**$ -**			**$ -**	**$ -**

Year 3				Year 4				Year 5				
Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year3	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 4	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 5	Total 5 Year Cost
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
		$ -	**$ -**			**$ -**	**$ -**			**$ -**	**$ -**	**$ -**

NOTE: These 5 year costs are for Evaluation purposes only. This is not a commitment from DCDC to engage in a five (5) year contract.

Worksheet 7-9: Maintenance & Operations Costs								
	Year 1				Year 2			
Item Description	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 1	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 2
	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
	$ -		$ -	$ -	$ -		$ -	$ -
TOTAL			**$ -**	**$ -**			**$ -**	**$ -**

Year 3				Year 4				Year 5				
Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year3	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 4	Rate Per Hour	Hours Per Month	Total Cost Per Month	Total Cost Year 5	Total 5 Year Cost
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
$ -		$ -	$ -	$ -		$ -	$ -	$ -		$ -	$ -	
		$ -	**$ -**			**$ -**	**$ -**			**$ -**	**$ -**	**$ -**

NOTE: These 5 year costs are for Evaluation purposes only. This is not a commitment from DCDC to engage in a five (5) year contract.

Worksheet 7-10 Labor Rates for Unanticipated Deliverables	
Labor Classification	**Hourly Rate**
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -
	$ -

SECTION 8: PROPOSAL FORMAT

8.1 Introduction

This section instructs Bidders on the mandatory format for submissions in response to this RFP. Format instructions must be adhered to, all requirements and questions in the RFP must be responded to, and all requested data must be supplied by the Bidder to be considered responsive to this RFP.

8.2 Submission of Intention to Bid

As outlined in **Section 1: Introduction** of this RFP, when a Bidder submits their intent to submit a proposal to this RFP they must provide the following:

- Exhibit 1-A: Letter of Intention to Bid (for both Web-CMR and ELR RFPs)
- Exhibit 1-B: Statement of Experience and Financial Conditions
- Supporting Financial Documentation
- Exhibit 1-C: Signed Confidentiality Agreement

8.3 Submission of Draft Proposal

Bidders must submit the Draft Proposal in conformance with Section 8.4 Submission of Final Proposal, *except that all dollar cost items must be filled in using XXXs*. Costs must include any additional information or language that will be shown in the Final Proposal, without providing any cost figures. It is important that all forms and all cost worksheets be included with all entries completed except dollar figures.

Inclusion of cost figures in the Draft Proposal may result in elimination of the Bidder from further participating in the procurement process.

8.4 Submission of Final Proposal

Three (3) hard (paper) copies of the complete Final Proposal, comprised of the four (4) volumes, must be submitted in the manner and format described. All submitted proposals must include the items described below. One of the three hard copies of the complete proposal must be clearly marked as the "Master Copy". Each hard copy of Volume 3: Cost Data must be submitted in a separate sealed envelope.

In addition, ten (10) hard copies of the "Response to Section 6: Technical and Business Requirements" portion of Volume 1 must be submitted. Each page of the proposal must be clearly marked with the Bidder's name, page number, and the RFP number (07-65623).

Additionally, three (3) electronic copies of the complete Final Proposal, comprised of the four (4) volumes, must be submitted as described, in pdf format. Each copy of Volume 3 must be submitted on a separate media format (e.g. CD, DVD), in a separate sealed envelope clearly marked as "Cost Data". Each of the three (3) copies of the remaining Volumes (Volumes 1, 2, and 4) must be submitted on a single media format (e.g. CD, DVD). Each page of the proposal must be clearly marked with the Bidder's name, page number, and the RFP number (07-65623).

8.4.1 Volume 1: Response to Requirements (3 hard and 3 electronic copies of entire Volume)

- Signed Cover Letter to Proposal
- Executive Summary of Proposal
- Response to Section 5: Administrative Requirements to include:
  - Exhibit 5-A: Administrative Requirements Response Matrix
  - Evidence of Workers' Compensation Insurance

  - Letter of Bondability (percentage of overall bid *only*)
  - Exhibit 5-B: Vendor Certification Form
  - Exhibit 5-C: Vendor Experience Form
  - Exhibit 5-D: Customer Reference List
  - Project Team Organization Chart
  - Resumes of principal personnel
  - References for principal personnel
  - Description of roles and responsibilities for Project Team members
  - Exhibit 5-E: Project Team Experience Matrix
  - Exhibit 5-F: Proposed Subcontractor List
  - Resumes of proposed subcontractors
  - References for proposed subcontractors
  - Payee Data Record
- Response to Section 6: Technical and Business Requirements (**10 additional copies)** to include:
  - Mandatory Technical Requirements Response Table (Section 6.2.1)
    - Technical Diagram and Description of Proposed Infrastructure Solution
  - Mandatory Business Requirements Response Table (Section 6.2.2)
  - Desirable and Optional Technical Requirements Response Table (Section 6.3)
  - Desirable and Optional Business Requirements Response Table (Section 6.4)

8.4.2 Volume 2: Strategy for Proof of Concept Demonstration
(3 hard and 3 electronic copies of entire Volume)

- Bidder must provide a comprehensive description of how they plan to present the requirements identified for the Proof of Concept (POC) demonstration (Section 10.3: Proof of Concept (POC) Demonstration Requirements) including a description of the functionality they plan to demonstrate, and scenarios used to demonstrate these functionalities. The written scenarios must clearly indicate, in demonstration order, the specific requirements (including requirement number) being demonstrated at each step of the scenario.

8.4.3 Volume 3: Cost Data
(3 hard and 3 electronic copies of entire Volume)

Bidder must provide Cost Data, as described in Section 7, in a separate **sealed** envelope. The Cost Workbook (**Exhibit 7-A**) and a Letter of Bondability with percentage and dollar amount of bid to be covered must be provided. To ensure integrity of the proposal and the evaluation process, Volume 3 Cost Data must be received in a separate **sealed** envelope. Any Cost Data not properly sealed or appearing external to the cost sheets will lead the proposal to be deemed disqualified. No further evaluation will be conducted on the proposal.

8.4.4 Volume 4: Literature
(3 hard and 3 electronic copies of entire Volume)

This volume contains all technical and reference literature necessary to support the responses to the requirements of this RFP.

SECTION 9: EVALUATION AND SELECTION

9.1 Introduction

This section presents the process that the State will follow to evaluate proposals submitted by Bidders in response to this RFP. The evaluation process is a multi-step process comprised of a thorough review of each proposal to determine the responsive proposal that offers the best value to the State. The best value proposal is the proposal that meets all Mandatory Requirements of this RFP, and offers the best combination of Requirements, Total Cost, and Corporate Qualifications.

9.2 Receipt of Proposals

Complete proposals must be delivered by the date specified in Section 1.5: Key Action Dates. Each proposal will be date and time marked as it is received and verified that all responses are submitted under an appropriate cover, sealed and properly identified. Proposals will remain sealed until the designated time for opening.

9.3 Evaluation Team

The State will establish an Evaluation Team, comprised of individuals selected from the State and LHDs familiar with the Technical and Business Requirements of this RFP. Bidders may not contact members of the Evaluation Team except at the State's request and through approval of the Procurement Official listed in Section 1.4. The Evaluation Team will use consensus to determine pass/fail and to arrive at evaluation scores for each proposal.

9.4 Review of Draft Proposals

The Evaluation Team will review Bidder Draft Proposals to identify (1) administrative deficiencies which if included in the Final Proposal could cause the proposal to be rejected; and (2) ambiguities in responses to requirements that require additional clarification in the Final Proposal by the Bidder. Each Volume of the Draft Proposal will be reviewed. The State will notify each Bidder, in writing, of any identified deficiencies and areas requiring clarification in the Final Proposal. This notification is intended to minimize the risk that the Final Proposal will be non-compliant; however, the State will not provide any warranty that all deficiencies in the Draft Proposal have been detected and that such notification will not preclude rejection of the Final Proposal if such defects are later found.

9.5 Evaluation of Final Proposals

9.5.1 Proposal Submission Requirements [Pass/Fail]

All proposals received by the time and date specified in Section 1.5: Key Action Dates, will be opened and acknowledged as having been received at that time. *(Volume 3 - Cost Data shall remain sealed until the evaluation of Administrative, Technical, and Business Requirements is completed.)* The proposals will be checked for the presence of proper identification and the required information in conformance with the proposal submission requirements of this RFP. Absence of required information may deem the proposal non-responsive and may be cause for rejection. Unsealed proposals will be rejected.

9.5.2 Validation Against Requirements

Bidders must respond to all Requirements contained within this RFP. Failure to provide required information may result in the rejection of a proposal. The State will evaluate Bidder responses to the Administrative, Technical, and Business Requirements.

9.5.2.1 Administrative Requirements Review [Pass/Fail]

Bidders will be given a "Pass" if the required information is included in the proposal, and a "Fail" if the required information is incomplete or missing from the proposal. If a proposal fails to meet one or more of the Administrative Requirements in ***Section 5:*** **Administrative Requirements**, the Evaluation Team will determine if the deviation is material. If the deviation is determined to be material, the proposal will be considered non-responsive and excluded from further consideration.

9.5.2.2 Mandatory Technical and Business Requirements Review [Pass/Fail]

Bidders will be given a "Pass" for each Mandatory Requirement they agree to provide in the proposal, and a "Fail" for each Mandatory Requirement that is not properly addressed in the Bidder's proposal, or Bidder does not agree to provide in the proposal. Failure to meet one or more Mandatory requirements will result in a rejection of the Bidder's proposal. In the event that all Bidders fail to meet one or more Mandatory Requirements, the State reserves the right to continue the evaluation of proposals, and to select the proposal which most closely matches the requirements in this RFP.

9.5.2.3 Requirements Review and Evaluation [Scored]

Proposals that pass the Administrative Requirements Review and the Pass/Fail Mandatory Technical and Business Requirements Review will be reviewed by the Evaluation Team, and assigned a rating based on the response characteristics, as described in Table 9.1. Maximum points will be awarded to responses rated as Excellent; partial points will be awarded to responses rated as Very Good, Average, and Below Average; and no points will be awarded to responses rated as Unacceptable.

Table 9.1 Bidder Response Characteristics and Ratings

Rating	Response Characteristics
Excellent	Bidder response fully meets Requirement, is achievable, applies best practices, is clearly and concisely presented, is well integrated and proven, and is logically organized with no identified weaknesses.
Very Good	Bidder response fully meets Requirement, is achievable, is suitable, is acceptably presented, is integrated and proven, and is organized with identified weaknesses that are minimal or resolvable.
Average	Bidder response meets Requirement, is achievable, is somewhat suitable, is less than acceptably presented, is somewhat organized and proven, and is less than acceptably organized with identified weaknesses that are of medium-level of risk.
Below Average	Bidder response is not fully achievable, is not integrated or proven, and is less than acceptably organized with identified weaknesses that are of a high-level of risk.
Unacceptable	Bidder response is considered to be an undesirable response to the Requirement, or is determined to be non-responsive.

9.5.2.3.1 Technical Requirements Review and Evaluation

The Evaluation Team will score Bidder responses to the Technical Requirements, and will award to each Bidder up to the maximum number of points for each requirement, based on the response characteristics. The maximum score for each Mandatory Technical Requirement is 14, the maximum score for each Desirable Technical Requirement is 6, and each Optional Technical Requirement will be awarded up to 1 point. To generate a score for Technical Requirements, the total number of points awarded for Mandatory and Desirable

Technical Requirements will be summed. *Optional Technical Requirements will not be considered in the scoring unless there is a tie between two or more Bidders' Combined Proposal Scores, as described in Section 9.6.*

9.5.2.3.2 Business Requirements Review and Evaluation

The Evaluation Team will score Bidder responses to the Business Requirements, and will award to each Bidder up to the maximum number of points for each requirement, based on the response characteristics. The maximum score for each Mandatory Business Requirement is 7, the maximum score for each Desirable Business Requirement is 3, and each Optional Business Requirement will be awarded up to 1 point. To generate a score for Business Requirements, the total number of points awarded for Mandatory and Desirable Business Requirements will be summed. *Optional Business Requirements will not be considered in the scoring unless there is a tie between two or more Bidders' Combined Proposal Scores, as described in Section 9.6.*

9.5.3 Corporate Qualifications Review and Scoring

Corporate qualifications will be evaluated for those proposals that pass the Administrative Requirements Review and the Pass/Fail Mandatory Technical and Business Requirements Review. Corporate qualifications include the Bidder's financial stability, corporate certifications, qualifications of proposed staff, experience implementing solutions similar to that requested in this RFP, and customer reference checks.

The maximum number of points available for Corporate Qualifications is 1000 points, distributed among the five measures of corporate qualifications as summarized in Table 9.2

Table 9.2: Points Available for Corporate Qualification Measures

Measure of Corporate Qualifications	Points Available
Financial Stability	300
Vendor Certifications	100
Staff Qualifications	200
Vendor Experience	100
Customer References	300

9.5.3.1 Financial Stability (300)

The Statement of Experience and Financial Condition (**Exhibit 1-B**) and financial statements for the last five (5) fiscal years ended, submitted as part of the Intent to Bid package will be reviewed to determine financial stability. If the State acquires independent credit statements or requests additional information from the Bidder or other sources to determine the Bidder's financial stability, information from these sources will also be considered in the evaluation of corporate financial stability. Points up to the maximum (300) will be awarded to each Bidder based on strength of indicators of financial stability, including the strength of demonstrated trends of increased sales growth, and increased net income growth.

9.5.3.2 Vendor Certifications (100)

The Vendor Certification Form (**Exhibit 5-B**) will be evaluated and scored for each Bidder. Points awarded to each Bidder will be based on the Bidder's number of relevant certifications/accreditations relative to the responsive Bidder with the greatest number of relevant certifications/accreditations.

Vendor Certification Score = (X/H)*100

Where: X = Bidder's # Relevant Certifications/Accreditations
H = Highest # Relevant Certifications/Accreditations possessed by a Bidder

9.5.3.3 Staff Qualifications (200)

The Project Organization Chart, résumés, and Experience Matrix (**Exhibit 5-E**) of principal staff will be evaluated to determine the qualifications of the proposed staff for their proposed role and responsibilities. References will be checked for proposed principal staff. Résumés of principal staff demonstrating strong experience in solution implementation, civil service, and /or public health that are confirmed by customer references may receive the maximum number of points (200) or a portion thereof, depending on the customer reference. The median number of points awarded to all proposed principal staff for each Bidder will be the Bidder's score for Staff Qualifications.

9.5.3.4 Vendor Experience (100)

The number and types of jurisdictions reported to be utilizing the proposed solution, as reported on the Vendor Experience form (**Exhibit 5-C**), will be reviewed and scored based on overall number of jurisdictions and the number of implementations in jurisdictions similar to California's public health business infrastructure.

9.5.3.5 Customer Satisfaction (300)

Customers on the Customer Reference list submitted in response to Administrative Requirement 8, as well as any other customers the State may select will be contacted during the Evaluation process. Customers will be interviewed regarding (1) Vendor performance and reliability; (2) Vendor's proposed budget, schedule, and staff compared to the actual project budget, schedule, and staff; (3) software solution performance and reliability; as described below in Table 9.3. The majority of the customers must respond positively in order for the Bidder to be successful in this portion of the evaluation. Negative responses from customers may be cause for rejection of the proposal. The median number of points will be calculated based on the all of the customer reference interviews conducted for each Bidder. The median number of points will be awarded to the Bidder as their Customer Satisfaction score. Table 9.3 presents the interview topics and points available for each topic of the Customer Reference Interview.

Table 9.3: Customer Reference Interview Topics

Vendor Performance and Reliability	Points
Is the solution fully operational as claimed by Vendor	40
Quality of documentation and/or training provided by Vendor for use of its products	20
Responsiveness of the Vendor in the event of product problems, including emergencies	20
Vendor's preventative maintenance program	20
Vendor's ability to provide software support	20
Ability of the Vendor to respond to changing business needs by adding, removing, or changing products as needed or requested	20
Overall reliability of the Vendor	20
Interaction between your staff and the vendor when there were issues with a product or service	20
Vendor's invoicing competency, including ability to resolve invoicing issues	20
Vendor's ability to provide service and products that make you want to contract with them again	20
Vendor's Proposal vs. Actual	
Vendor's proposed budget compared to actual budget	20
Vendor's proposed schedule compared to actual schedule	20
Vendor's proposed staff compared to actual staff	20
Software Solution Performance and Reliability	
Overall performance and reliability of the software	20

9.5.4 Cost Analysis and Scoring

Volume 3, Cost Data, will be unsealed and opened, for those proposals that pass the Administrative Requirements Review and the Pass/Fail Mandatory Technical and Business Requirements Review, after the Requirements Review and Evaluation has been completed. The required cost forms and schedules will be checked for mathematical accuracy. Errors and inconsistencies will be dealt with according to procedures contained in ***Section 2:*** **Rules Governing Competition.** Only those cost adjustments will be made for which a procedure is described in this RFP.

The Cost Score will be based on the Total Cost, as identified in ***Section 7*****: Cost**, submitted in Volume 3: Cost Data. The maximum number of points available for Cost is 1000.

To generate a Cost Score, the lowest proposed cost will be divided by the Bidder's proposed cost, and then multiplied by the maximum number of points available (1000).

Cost Score = (L/X)*1000 Where: X = Bidder's Proposed Cost
L = Lowest Proposed Cost

9.5.5 Proposal Scoring

After scores have been generated for each evaluation section (Technical Requirements, Business Requirements, Corporate Qualifications, and Cost) a Proposal Score will be generated by applying a weighted factor to the Score for each evaluation section. To generate the Proposal Score, the Technical Requirements Score will be multiplied by a factor of 0.15; the Business Requirements Score will be multiplied by a factor of 0.40; the Corporate Qualifications Score will be multiplied by a factor of

0.25; and the Cost Score will be multiplied by a factor of 0.20. These figures will be summed to generate the Proposal Score.

	Web-CMR Technical Requirements Score*0.15
	Web-CMR Business Requirements Score*0.40
	Web-CMR Corporate Qualifications Score*0.25
+	Web-CMR Cost Score*0.20
	Web-CMR Proposal Score

9.6 Selection

Selection of a Vendor will be based on the combined Proposal Scores for the Web-CMR Proposal, in response to this RFP (07-65623) and the ELR Proposal, in response to RFP 07-65624, and a successful Proof of Concept demonstration. Each Proposal Score will be multiplied by a weighted factor, and will then be summed to generate a Combined Proposal Score. The Bidder with the highest Combined Proposal Score will be selected, upon successful Proof of Concept demonstration. If the Bidder with the highest Combined Proposal Score does not successfully demonstrate their solution, the State reserves the right to select the Bidder with the next highest score and successful Proof of Concept demonstration.

	Web-CMR Proposal Score*.75
+	ELR Proposal Score *.25
	Combined Proposal Score

In the event that Combined Proposal Scores for two or more Bidders are identical, the points awarded for Optional Requirements will be added to each Bidder's Proposal Score. The number of points awarded for Web-CMR Optional Technical Requirements and the number of points awarded for Web-CMR Optional Business Requirements will be added to the Bidder's Web-CMR Proposal Score. The number of points awarded for ELR Optional Business Requirements will be added to the Bidder's ELR Proposal Score. An adjusted Combined Proposal Score will then be regenerated.

All processes and procedures set forth in this RFP constitute the sole administrative processes and procedures available for Bidders. No further administrative remedies (e.g., protests, appeals, or requests for reconsideration) will be available for Bidders following issuance of the Notice of Intent to Award the contract resulting from this procurement. Selection of the Vendor shall constitute the final administrative determination.

SECTION 10: PROOF OF CONCEPT DEMONSTRATION

10.1 Introduction

The Proof of Concept (POC) Demonstration is intended to offer the State the opportunity to verify claims made in the selected Bidder's proposal in response to the requirements, corroborate the evaluation of the Bidder's proposal, and to confirm that the Bidder's solution is operational. The Bidder with the highest Combined Proposal Score, as described in **Section 9: Evaluation and Selection**, will be notified that a POC Demonstration is required. The Bidder must demonstrate that the requirements listed in Section 10.3 Proof of Concept (POC) Demonstration Requirements can be satisfied by the Bidder's proposed solution. If the State requires the Bidder to clarify any additional items through the POC Demonstration, the State will notify the Bidder of the additional demonstration items at least five (5) State business days in advance of the scheduled demonstration.

10.2 Preparation

Each Bidder must submit a complete plan for the POC Demonstration with their Draft and Final Proposals in Volume 2. This plan must include a comprehensive description of how they plan to present the requirements identified for the Proof of Concept (POC) demonstration (Section 10.3: Proof of Concept (POC) Demonstration Requirements) including a description of the functionality they plan to demonstrate, and scenarios used to demonstrate these functionalities. The written scenarios must clearly indicate, in demonstration order, the specific requirements (including requirement number) being demonstrated at each step of the scenario. *Although each Bidder must submit a plan for the POC Demonstration with their Final Proposal, only the apparent selected Bidder will be requested to conduct a POC Demonstration*.

The Bidder conducting the POC Demonstration must make all arrangements for the POC Demonstration facilities at no cost to the State. The POC Demonstration will be held at California Department of Health Services (CDHS) headquarters in Sacramento, California. The POC Demonstration is limited to a maximum of eight (8) hours, including solution demonstration and response to questions from members of the Evaluation Team. The Bidder will have an additional one (1) hour to set-up the demonstration facilities prior to the POC Demonstration and an additional one (1) hour to remove equipment from the demonstration facilities after completion of the POC Demonstration.

The POC Demonstration must include demonstration of the requirements specified below in Section 10.3 Demonstration Requirements. Failure of the Bidder to demonstrate that the claims made in the proposal in response to the requirements are true may be sufficient cause to deem the proposal non-responsive. The State reserves the right to determine whether or not the POC Demonstration has been successfully passed.

10.3 Proof of Concept (POC) Demonstration Requirements

The Bidder conducting the POC Demonstration must demonstrate to the Evaluation Team ***all*** Mandatory Requirements that are marked with a "**Y**" in the Demo column of the Mandatory Technical Requirements Response Table and the Mandatory Business Requirements Response Table. Additionally, the Bidder must also demonstrate to the Evaluation Team each of the Desirable and Optional Requirements the Bidder agrees to provide (by checking "**Yes**" indicating compliance with the requirement) that are marked with a "**Y**" in the Demo column of the Desirable and Optional Technical Requirements Response Table and the Desirable and Optional Business Requirements Response Table.